Care and Design

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Bodies, Buildings, Cities

Edited by

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The Contributors

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Jos Boys is an independent scholar and brings together a background in architecture with her involvement over many years in community-based and disability related design projects. She is author of *Doing Disability Differently: An Alternative Handbook on Architecture, Dis/Ability and Designing for Everyday Life* (Routledge, 2014) which grew out of the intersections between disability studies scholarship and a series of collaborations with disabled artists and architects. She is also editor of a forthcoming Reader on disability and architecture for Routledge, entitled *DIS/ARCH*, to be published in 2017. Jos was co-founder of Architecture InsideOut, a group led by disabled artists, which forms the basis of her new informal online network DisOrdinary Architecture, focusing on creative education and training around disability, diverse bodies, buildings and cities (see http://disordinaryarchitecture. wordpress.com)

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Preface

Care is an important term in the social sciences that is most commonly associated with practices related to social support, welfare and health. It is less well associated with the design of the built environment, and the role of architects and other practitioners in crafting places that respond to the physical and emotional needs of people. In this book, the authors seek to redress the relative lack of writings about design and care, and to explore how care and design may be conjoined in ways that enable places to function better. The starting point of the book is that there is much to be done to improve the quality of the built environment and people's experiences of it, including supporting practitioners in understanding how to respond to the many needs of those that inhabit the places that they design. This is no easy task and it asks questions as to how professionals might define care in ways whereby it is realisable as practice, and to find actual ways of achieving outcomes that enhance the quality of people's everyday lives.

The authors raise these challenges, connecting their writings with broader issues relating to how far an ethics and politics of care can be mobilised as a form of constructive critique of current urban design discourses, where the sensibilities and values of care have often received less attention. In their different ways, the authors broach questions about how far caring is embedded and expressed in daily encounters between people and urban environments, including buildings, spaces and technologies. They also consider what kinds of skills and values of urban design these encounters cultivate, and what can be done to make public and support these. The authors ask how an ethics and politics of care can be instilled into the design of places, and what does this refer to and entail for practice and pedagogy?

In bringing the book together we would like to thank the authors who attended the Royal Geographical Society annual conference in 2014, and presented their work at a session we organised on 'design and care'. This was a constructive and engaging event and enabled the idea for a book to take shape. Throughout the process of editing, we have been assisted by the authors' willingness to respond to feedback from referees and their critique and comments. We are particularly

Charlotte Bates, Rob Imrie, and Kim Kullman

Chapter One
Designing with Care and Caring with Design

Rob Imrie and Kim Kullman

1.1 Introduction

Research in anthropology, human geography, sociology and related areas is exploring, increasingly, the caring labour that goes into shaping and supporting the precarious attachments between bodies, materials and spaces that compose built environments (see Gregson *et al.* 2009; Till 2012; Denis and Pontille 2014; Mol et al. 2010; Schillmeier and Domènech 2010). While the notion of care has been present in past thinking about the design of objects and spaces, it still remains understated and unexplored in design discourse and practice.[1] It is our belief that now, more than ever, a rethinking and reappraisal is required about the connection between design and care, as issues such as sustainability, inclusivity and ageing populations ask for design that conveys certain relational values, along with a renewed engagement with politics and ethics.

We consider the resurgence of ideas about care particularly relevant to the design of built environments, and an objective of this volume is to document the ways in which concepts of care are shaping present modes of design, with a focus on urban settings. The contributors to the book bring concepts and practices of care and design into a dialogue to explore the production of everyday environments. Representing different areas of enquiry, from human

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[1] One can detect references to care in different literatures and ideas in architectural writings and commentaries about the city. For instance, the publications of Alvar Aaalto and Frank Lloyd Wright show much understanding of the ethical nature of design, and among authors exploring urban utopias, ranging from Ebenezer Howard to Le Corbusier, there is a pre-disposition towards designing with ethical sensibilities to the fore.

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geography, sociology and art practice to gerontology, architecture and science and technology studies, the authors guide the reader through interdisciplinary debates on care, further enriching these through theoretical and empirical elaborations on a range of case studies on design projects and practices, including the construction of lifelong kitchens and care centres, the planning of public parks, as well as urban curating and post-disaster recovery. The diversity of perspectives and themes demonstrates that cities are essential sites for testing the possibilities of an urbanised world to deal with recent demographic, economic, natural and social changes – a challenge to which strengthening the relationships between design and care seems to offer a timely response.

The primary purpose of this book is to stage an encounter between design and care so as to advance relationally aware, as well as politically and ethically responsive, forms of crafting urban environments. We are especially interested in stimulating an exchange of ideas and inspirations between design and care by engaging with the ways in which the skills and sensibilities of caring can be expressed through design practice in order to enhance the conviviality and wellbeing among those who inhabit, and depend upon, cities. We are *not* seeking to develop normative ideas or theories of care, design or their interconnections, but rather to detect and amplify the variegated ways in which the two are, and could be, brought together in the shaping of urban objects and spaces. The contributors to this book adopt different approaches to 'care' and 'design', giving the notions a variety of characteristics. What unites these diverse understandings is not so much an endeavour to fix care and design or discover their essence, but a willingness to forge new connections between them.

In this introductory chapter, we provide conceptual and empirical orientation for the rest of the book by exploring how practices of caring and designing have been held apart or brought together at different junctures, and how the recent upsurge in academic work on care can offer critical methodological and pedagogical ideas for those involved in the shaping of the built environment. We begin by discussing recent work on care in the social sciences to clarify its underpinnings and demonstrate how the notion might be deployed in support of design skills and sensibilities that are responsive to the fragile interdependencies of the world. We then turn to explore 'good urban form,' which we consider a fundamental part of the attempt to study and theorise the design and use of civic spaces and the political and ethical relations that they facilitate. While there are countless definitions of good urban form by academics and practitioners alike, we suggest that, historically, the composition of cities has been shaped by ideas that are often insensitive to human

and nonhuman diversity and wellbeing, and therefore work against the ethos of caring. We conclude by introducing the chapters in this volume, highlighting relevant themes and how they contribute to debates around design, care and urban environments.

1.2 Care as a concept and practice

We will now examine the notion of care in more detail, with a particular focus on the current proliferation of writings within the social sciences. Researchers in social policy (Bowlby *et al.* 2010), human geography (Amin 2012), sociology (Sayer 2011) and science and technology studies (Mol *et al.* 2010), among others, have turned to earlier feminist theorisations on the ethics of care, which, against universal and individualist notions of morality, rethink existence through the idea of interdependence to bring out the fragility of the world and the need to care for it (Tronto 1993; Noddings 2003). As the concept of care has begun to circulate across disciplinary boundaries, it has left several, sometimes contradictory, definitions in its wake, which have clarified and obscured the notion in equal measure. However, while care, as Phillips (2007: 1) argues, is a 'nebulous and ambiguous concept', its open-ended character is an incentive to refrain from simplistic, potentially constraining, definitions and approach the notion obliquely by considering the shifting environments and embodied encounters that enable practices of care in the first place.

Although there are differences over the exact definition of care, most academic work shares the idea that care is less about predetermined behaviours than a situated, embodied way of responding to interdependence as it shifts across the lifecourse (see Tronto 1993; Noddings 2003; Phillips 2007; Bowlby *et al.* 2010). Care involves acknowledging the transforming character of the social and material environment and our capabilities to act as part of it by cultivating sensitivity to 'the attachments that support people' (Winance 2010: 110). As a reaction to approaches to moral action that embed ethics in general principles, care proposes an alternative orientation by suggesting that these rarely suffice in mundane situations, where people need to develop solutions to problems emerging amidst the unpredictabilities of life (Mol *et al.* 2010: 13). Rather than referring to external ideas about morality, care asks for skills and sensibilities that attune people to the fragile relations making up daily settings and enable them to judge the qualities of those relations so that they can be appropriately supported.

Despite eschewing general principles by maintaining the grounded character of ethical action, care is a habitual practice that can be

refined over time. Seeing care as a practice is essential in order to distinguish between 'good' and 'bad' care as well as to avoid 'over-idealizing care', not least as care may often serve to 'reinforce patterns of subordination' (Tronto 1993: 116) in the society through, for example, the unequal treatment of carers or the abuse of caring relations by those in positions of power (see Phillips 2007: 140–154). The practice view on care is therefore an attempt to outline features of good care in everyday environments by attending to the 'full context of caring'. As Tronto (1993: 118) suggests: 'we must consider the concerns of the care-receiver as well as the skills of the care-giver, and the role of those who are taking care of' (Tronto 1993: 118).

To further expand on the practice view, Tronto (1993: 127) has outlined 'four ethical elements of care': 'attentiveness, responsibility, competence and responsiveness', which refer to dispositions that sensitise people to the needs of those around them and invite recognition of their involvement in a wider infrastructure of care. The four elements are not intended as moral principles, but rather as potential skills and sensibilities that might be considered as conducive to good care – others have enriched this list with 'empathy', 'compassion', 'generosity', 'imagination', 'kindness' and related qualities (see Noddings 2003; Hamington 2004; Phillips 2007; Bowlby *et al.* 2010). Common to such efforts to define the characteristics of caring is the readiness to overcome the Euro-American tendency to demote care to privatised, often gendered, spaces, and instead create public debate over how 'caring is intertwined with virtually all aspects of life' (Tronto 1993: 119).

The practice approach also suggests a pedagogy that takes bodily engagement as a starting point for stimulating habits of caring (see Shilling 2011). Hamington (2004: 45) notes that 'the knowledge necessary for care is more than a collection of discrete, articulated data; it includes a web of entangled feelings and subtle perceptions understood through the body'. Here, the ethics of care could be seen as a form of generosity, occurring 'at the level of corporeality […] that constitutes the self as affective and being affected' (Diprose 2002: 5). Although care theorists view bodily susceptibility as an inevitable part of life, this does not involve abandoning 'active' notions of the individual in favour of 'passive' ones, but accepting that vulnerability is omnipresent in the world, which presupposes a different type of agency, the agency of caring (see Turner 2006).

Contemporary work on care elaborates on the above arguments by shifting the attention from human interaction to the material conditions that facilitate caring relations (Mol *et al.* 2010; Schillmeier and Domènech 2010). Research in science and technology studies, for example, has illuminated how care is often mistakenly distinguished from mundane artefacts and technologies, which are taken as

apersonal and cold compared with the assumed human warmth and intimacy of caring (Mol *et al*. 2010: 14). However, care practices are inescapably dependent on technologies, such as oxygen masks, wheelchairs, farming equipment and mobile phones, which, in their own distinct ways, mediate caring relations, as studies on diverse mundane settings indicate, from hospitals and homes to farms and telecare services (Mol *et al*. 2010; Schillmeier and Domènech 2010).

Research also shows that artefacts and technologies 'do not work or fail in and of themselves. Rather, they depend on care work' (Mol *et al*. 2010: 14). A growing number of studies highlight the fragile constitution of material infrastructures, arguing that these require continuous repair and maintenance to hold together (Amin 2014; Puig de la Bellacasa 2010). Material infrastructures are relational entities, meaning that they are far from fixed phenomena, but need to be painstakingly sustained in a range of caring practices, from street sanitation work to the renovation of buildings (Graham and Thrift 2007; Gregson et al . 2009; Till 2012; Denis and Pontille 2014). Although earlier feminist thinking explored nonhuman materials as part of caring relations (see Tronto 1993; Noddings 2003), recent work has significantly expanded on this theme by considering the precarious entanglements and ecologies between nominally human and nonhuman bodies that make up the common world (see Puig de la Bellacasa 2011).

A concurrent strand in present research is the endeavour to understand the temporal and spatial specificities of care, particularly how complicated 'caringscapes' (Bowlby *et al*. 2010: 7) have emerged due to recent social, political and technological transformations in Euro-American settings. While care has often been regarded as taking place within bounded sites, such as privatised or institutionalised environments, an emerging line of enquiry suggests that care expands beyond any single location or temporal frame (Bowlby *et al*. 2010; Mol *et al*. 2010; Schillmeier and Domènech 2010), drawing together objects, people and places from near and far through, for example, digital technology, personal mobility and other practices that confuse distinctions between public and private, distance and proximity, local and global.

Those who study the urban realm have traced out 'transitory spaces of care' (Johnsen *et al*. 2005: 323) in cities, arguing that environments usually deemed public and impersonal are characterised by ongoing caring work, as strangers sustain forms of conviviality and kindness in their mundane encounters (also, see Bowlby 2011). In particular, the work of Amin (2012) has sought to understand the material mediations of care in urban space, developing a new 'politics of togetherness' in order to 'make the connections and dependencies visible, to reveal the value of a shared and functioning commons, […]

so that care for the urban […] spreads across the social fabric' (Amin 2012: 79–80). Flowing from this argument is the idea that built form can serve as the basis, albeit a constantly shifting one, for 'an expanded politics of care' (Amin 2012: 34) that regards material environments and infrastructures as a central component of, even a precondition for, interpersonal relations in urban settings.

1.3 The problem of 'good urban form'

In this section, we turn our attention to an unexplored theme in contemporary research – the relationship between care and design – and contextualise it within longstanding debates on 'good urban form'. Any effort to study, theorise or shape urban spaces presupposes, implicitly or explicitly, certain assumptions about the 'good city,' or the 'kind of urban order that might enhance the human experience' (Amin 2006: 1009). From the earliest urban settlements, the manner in which cities have been understood, inhabited and developed has always been premised on geographically and historically situated ideas about the relationship between values and material form. Important here are the writings of Kevin Lynch (1981), who elaborated his notion of 'good urban form' to investigate and evaluate the political and ethical dimension of this relationship, and especially how it becomes translated, in different times and places, through practices of design, into the infrastructure of cities. For Lynch (1981), architects, designers and other professionals who shape urban environments are engaging in a 'material form of doing ethics' (Verbeek 2011: 91) by folding values into the physicality of space.

Questions of good urban form are relevant to all authors in this volume, and Lynch (1981: 151–186) highlights a central design challenge that they seek to foreground: the importance of attending to the 'fits' and 'misfits' between people and built form, as well as the politics and ethics implicated in these. There is a well-developed literature highlighting that the design and use of urban objects and spaces are not necessarily sensitised to the diverse needs of bodies and collectives, thereby creating misfits that limit the caring potential of everyday environments (Imrie and Hall 2001; Pullin 2009).[2] Garland-Thomson

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[2] The term 'misfit' is one of the core conceptual underpinnings of Kevin Lynch's 1981 book *Good Urban Form*. Garland-Thomson (2011) also refers to the term 'misfit' and uses it in ways not dissimilar to Lynch. There is, for us, a task to be done to trace the genealogy of the term and the different ways in which it has been used to illuminate the interrelationships between materials, bodies and design.

(2011: 594) refers to misfitting as 'a way of being in an environment' and a material arrangement that induces incongruence between things. Misfits highlight the 'discrepancy between body and world' and draw attention to the injustices of things that do not work (Garland-Thomson 2011: 593).

Misfitting includes the design of urban space that can constrain bodies that do not combine well with infrastructure, such as steps into buildings that prevent ease of movement for wheelchair users, or street furniture that creates obstacles for vision-impaired people (Boys 2014). The temporalities inscribed into spaces are also a common cause of misfit, as demonstrated by traffic lights and the opening and closing of automatic doors on train carriages. In both instances, people's abilities to cross a road, or access a train, are shaped by regularised rhythms that have been pre-programmed into the workings of infrastructures. This temporality may be indifferent to contrasting corporeal capabilities, and for people with neurological conditions, such as obsessional slowness, the rhythms of a place can create anxiety and be debilitating (Lam *et al*. 2008; Ganos *et al*. 2015). The material of misfitting is also entangled with social attitudes that can perpetuate exclusions based around identity, including sexuality and gender. An example is public toilet provision that is rarely gender neutral and may force transgender people to use facilities that do not accord with their embodied identity (Doan 2007).

These illustrations draw attention to the often problematic encounters between people's bodily capabilities and built form. For Lynch (1981: 158), such encounters constitute the very foundation of urban ethics, because they raise essential questions about how should places 'be fitted to what we want to do', and 'how should we act in the world' to create environments that respond to the 'wily plasticity of the human being'. These questions are relevant to our focus on interdependencies between urban form and the body, and the different ways in which people are embodied by design, and, conversely, the power of design in shaping embodiment. Given the directive nature of design, or its capacity to shape experiences, we ask why is there often failure to respond to diversity and reluctance to cultivate caring relationships among urban collectives? Here, it is important to explore why current ways of designing continue to produce spaces that result in systematic incompatibilities between bodies and built form.

The authors in this book attend to such questions through the notion of care and its relational ethics and politics. While recognising that care is as much a part of design as any other practice and relationship, the authors note that its potential has so far not been sufficiently explored within contemporary design. When the notion of care does

appear, it tends to assume relatively limited forms and functions. For example, the obligation to take care by ensuring that a building or object meets specified standards of quality and performance is an enduring characteristic of the design process. From the earliest periods of architectural production, practitioners have been bound by professional and legal codes, specifying their duties and responsibilities in relation to assuring a minimum quality of design (Imrie and Street 2014). Codes range widely, including specifications about weight-bearing loads on building structure to fire risk and safety, including means for ease of human evacuation. These obligations to care specify an ethical disposition that revolves around what Engster (2005) describes as the negative duty to refrain from causing harm (see Wicclair 2011).

Care is also present in the contrasting, positive, disposition that directs designers to engage with people dependent on the built environment, and to discuss, evaluate and respond to their vulnerabilities, desires and needs. This ethical attitude can be found in design practices that, after Pallasmaa (2009: 66), build on a 'craftsman-like ethos and maintain an intimate, tactile connection with the work', through, for example, attending closely to the embodied and material situatedness of design. Coinciding with this attitude is the attempt to elaborate participatory methodologies, such as 'co-design', which incorporate the diverse views and skills of users, and is often referred to as a way for professionals to develop empathy with clients (Strikfaden and Devlieger 2011). While important, such approaches are sometimes seen as an indication that it is easy for a designer to empathise with others. This, however, masks a central characteristic of practices of caring explored by the authors in this book: engaging with and understanding the experiences of others is an acquired ability, based on a precarious process that requires constant attention (Köppen and Meinel 2015).

Longstanding design criticism, often stemming from within the profession itself, provides further insight into the challenges involved in cultivating caring dispositions in design, particularly through exploring pedagogic practices. Fry (2010: 17), for example, suggests that 'design is not taught or (in practice) led from a caring perspective' and he questions the training of architects for acculturating students into what Sarfatti-Larson (1993: 10) describes as an 'idealised notion of architectural practice'. Webster (2005: 274) documents the domination of design studio culture in the teaching of architects, and its cultivation of 'implicit criteria relating to notions of aesthetics or architectural value'. Here, Webster (2005) is referring to the centrality of design studio education that has changed little since the late nineteenth century, and which is focused less on

the specificities of people's interactions with design, and more on inculcating the importance of architecture as the making of art objects, and with 'project appearance instead of the actual design process' (Bashier 2014: 424).

For Lynch (1981: 147), the challenge is to change designers' sensibilities from their 'focus on things', to the broader impact of design on collective wellbeing. This challenge is not without problems, as design knowledge is often divided into discrete entities, reflecting and reproducing professional specialisms, and not always well-related to the contexts of practice (see Sarfatti-Larson 1993). By contrast, the American architect, Frank Lloyd Wright (1943: 339), advanced an education for architects that took them away from the design schools and into a pedagogy based on 'building design from the nature of construction', or the materialities of everyday practice. Likewise, Vitruvius (1960: 5), over 2000 years ago, noted that those 'who relied only upon theories and scholarship were obviously hunting the shadow and not the substance'. This sentiment is also echoed by Lynch (1981: 154), who advocates 'immediate experience', or 'the here and now, place and the actual action in it', as the basis for an education that enables designers to develop a caring awareness of the variations in embodied encounters with built form.

What is being referred to here is the importance of experiential and practical knowledge in shaping caring sensibilities, including the immersion of architects and designers into everyday lives. However, a widespread observation is that the actions of design professionals are often shaped by contractual obligations to a client, or activities that are not necessarily orientated towards the wider good (see Imrie and Street 2011). This is further compounded by an ideology of professionalism and value neutrality, or a disposition that does not necessarily entail recognition of the ethical basis of practice (also, see Till 2009; Imrie and Street 2011). The architect Le Corbusier (1928: 24), in seeking to defend the expert-practitioner, outlined a still commonly held understanding about the social standing of the professional: 'the harmonious city must be planned by experts who understand the science of urbanism [...] once their plans are formulated they must be implemented without opposition'.

A related tendency is the rationality of design, often evident in the techniques and tools used by professionals that tend to reduce embodied, material and spatial complexity to arch-types, and the justification of identikit designing that 'regards variation and difference as a nuisance' (Sayer 2011: 85). As an example of such standardisation of urban form we may take the way bodily movement is often understood within the design process as 'propositional knowledge' that is 'abstract and disembedded' (Sayer 2011: 61) from the

manifold nature of embodiment. For instance, design guidance to architects, including manuals instructing how to achieve building regulation standards, rarely depart from representing the body as 'a normate', or what Garland-Thomson (1997: 8) refers to as 'the corporeal incarnation of collective, unmarked, normative characteristics'. Apart from excluding bodily diversity from the design process (Imrie 2006; Boys 2014), there is often the expectation that where misfits between urban form and bodily performance occur, it is not unreasonable for people to adapt themselves to the elements of the built environment that do not accord with their needs.

How, then, might it be possible to cultivate caring dispositions and practices among those involved in the everyday shaping and use of urban environments? How to design places that are not reduced to types, or normate body parts, but rather where the relationalities of urban living are in the foreground? It could be argued that for care to become realised, such tools need to be aligned to a purposive ethics and politics of design. As demonstrated by the authors in this book, a caring disposition is more likely to recognise the complex and situated character of bodily interactions with urban materials, and to provide the means for people to access designed environments, as well as to engage in what Lynch (1981: 164) describes as guiding and opening up collective understandings of design, without coercion, by 'inventing and communicating new forms of place behaviour'. The authors indicate that a caring disposition acknowledges the affective and sensory qualities of materials, and that to care, as designers, entails responsibility to those who use space. Such responsibility is to avoid overdetermining how urban form will function, or to define it through narrow categories that essentialise bodies and collectives. Instead, to care is to recognise the irreducible nature of human and nonhuman interaction with(in) space, and to ensure that 'the setting is sufficiently flexible for them to reshape it to their requirements' (Lynch 1981: 167).

1.4 The collection

A question that remains outstanding in the above work is what role design might have in the shaping of caring environments, and what kinds of methodologies and pedagogies are required to ensure that caring becomes an integral part of design. As this book demonstrates, although the notion of care occupies a relatively minimal position within design, recently there have been attempts to introduce new

approaches and concepts to inspire caring modes of designing, which share the commitment to craft objects, spaces and services that are attentive to human and nonhuman specificities. These approaches are based on the idea that it is possible for designers, through engaging with communities and recognising their entanglements with the world, to create environments that support the interdependencies of daily settings (see Imrie and Hall 2001; Steinfeld and Maisel 2012).

As the authors in this volume indicate, to foster caring relationships, designers do not so much need new instruments or methods as skills and sensibilities that allow them to attend to the fragile attachments among the human and nonhuman others for whom they design. Developing receptivity to the changing and open-ended character of the world does not necessarily require novel normative frameworks, standardised methods or moral principles to guide the design process, but rather more responsive ways of working that allow built environment professionals to trace out the complex relationality of the objects and spaces that they are shaping and how these 'mediate human actions and experiences, thus helping to form our moral decisions and the quality of our lives' (Verbeek 2011: 90). We will now provide an overview of how the authors in this book address such key questions in their distinct, but interconnected, ways.

The 12 chapters that comprise the rest of the volume examine the relationships between design, care and cities through the context of diverse domestic, public and institutional settings, and offer a range of pedagogical, methodological and theoretical reflections. We start with a chapter by *Sheila Peace*, who writes from the perspective of social gerontology and considers contemporary challenges of inclusive design in light of urban demographic change. Peace connects the study of interior design with the concept of care and asks how the latter might have relevance for the way homes, and particularly kitchen spaces, are shaped. We learn that various factors, from cost effectiveness and building regulations to a lack of participatory design, works against the creation of age-friendly environments. Peace demonstrates how an understanding of the variation in people's use of domestic spaces across the lifecourse can offer designers insight into ways of enabling ageing in place and facilitating home care arrangements that respond to human change.

Daryl Martin continues to discuss the theme of domesticity, albeit by shifting the focus from homes to institutional settings. Drawing on sociological research with staff and visitors at Maggie's, a British charity offering support for people with cancer through diagnosis and treatment, Martin indicates that the organisation provides an alternative to mainstream clinical environments through its unique

architecture, which is designed to inspire a sense of homeliness among people who work and spend time in the buildings. The kitchen in particular has a central role in facilitating such an atmosphere due to its prominent place within the centres, and also because it is used by staff to mediate relations of care in ways that appear to be in stark contrast with formal medical settings. The architectural brief for Maggie's refers to the affective potential of design, and Martin suggests that this is evident in the welcoming hospitality and mutual generosity among visitors and staff.

Turning momentarily away from architecture to public space, *Ola Söderström* elaborates on the themes introduced by Martin through a geographical investigation of the relationship between the urban milieu and psychosis, with a focus on young people with mental illnesses in Lausanne, Switzerland. The chapter describes a broader shift in contemporary health care, which has entered a 'post-asylum' era due to the de-institutionalisation of services. This raises a series of new challenges for the design of urban spaces for people with psychotic troubles. Söderström reverses the perspective of mainstream studies in psychiatry by engaging with the experiential aspects of urban space to describe a set of design features that he sees as conducive to a wider 'landscape of caring,' which takes into account the emotional and sensorial needs of people with mental health issues. Like Martin, Söderström attends to the subtleties of urban environments, from scale to atmosphere and rhythm, highlighting the difficulties of designing for people who might experience the same space in diametrically opposed ways. However, he also demonstrates that responding to the challenge of designing for people with psychotic troubles opens the possibility to craft spaces that are inclusive of all.

Joyce Davidson and *Victoria L. Henderson*, also applying a geographical perspective, address current challenges in inclusive urban design by drawing on a corpus of autobiographical texts by writers with autism spectrum disorders (ASD). Highlighting the distinctive spatial experiences of ASD individuals, Davidson and Henderson use their data to draw attention to features in the urban environment, such as fluorescent lighting and poorly sound-proofed buildings, which often pass unnoticed among 'neurotypical' people but may cause distressing experiences of sensory overload among ASD persons. Similarly to Söderström, Davidson and Henderson demonstrate how a detailed understanding of the affective and sensory aspects of people's engagements with the city could be incorporated into design practices to improve access not only for ASD people but a wider urban population. Attending to bodily specificity, the authors argue, is paramount to the design of caring built environments that allow for 'neuro-affective diversity'.

Charlotte Bates, *Rob Imrie* and *Kim Kullman* draw on contemporary urban theory to discuss three particular case studies: a public park in London, a hospital garden in Japan, and housing in Japan and Korea. In doing so, they develop the notion of 'configurations of care', whereby they refer to the ways in which designers, displaying certain ethical and political intentions, arrange human and nonhuman materials to accomplish caring relations in urban spaces. Instead of adopting an explicitly normative stance on care and design, the authors attend to diverse qualities that might be said to characterise caring environments, concentrating on three in particular, *ownership*, *healing* and *openness*. Each of these offers insight into the ideas, materials and practices that come together in the making of caring design. While highlighting different aspects of the built environment, the three configurations share a view of caring design as characterised by a spatial permeability, which allows citizens flexibility in negotiating and sustaining their relationships to their everyday urban surroundings.

Writing from the discipline of landscape architecture, *Jacky Bowring* concentrates on the redesign of urban environments in the aftermath of the destructive 2011 earthquake in Christchurch, New Zealand, leading to 185 deaths and the devastation of 80 per cent of the urban fabric in the central business district. Describing how sites of trauma were protected, Bowring shows how these exposed a complex of memories and emotions in urban space, and that caring for the sensitive environments demanded both practical and empathetic responses. While the web of caring most directly encompassed those individuals who were affected by the trauma of the event, various nonhuman entities also became involved, including mementoes brought by people, as well as ruins and surviving trees, each requiring a particular form of care that was attentive to the ecological specificities of the site. Bowring's chapter thereby brings into focus the profound fragility of urban space and how design can both express sensitivity to and respond to such fragility.

After discussing care and its different manifestations in the design of urban environments, we turn to explore how practitioners have been developing design pedagogies and methodologies around the notion of care. Looking at a historical case, *Juhani Pallasmaa* describes in close detail Finnish architect Alvar Aalto's work on the Paimio Sanatorium (1929–1933) in order to argue for an approach to architectural training that encourages to design with fragility in mind and, particularly, for the widest possible range of sense modalities so as to make the environment more responsive to bodily diversity. Here, Pallasmaa claims, designers will benefit from developing their empathetic and compassionate dispositions, which he regards as acquired abilities, learned through embodied engagements with others and their worlds.

For Pallasmaa, however, this form of caring is increasingly difficult to sustain due to, among other things, the proliferation of building regulations and the widespread devaluation of manual skill, all of which, he argues, may undermine the inclusive potential of design.

Jos Boys continues to investigate the theme of professional training by discussing how ideas about care are mobilised within architectural education in the UK, and particularly how these are refracted through the concept of place-making. Boys offers a constructive criticism of a widely used textbook in the area, *Analysing Architecture* by Simon Unwin, which outlines a phenomenological approach to inspire caring sensibilities among professionals through stressing the emotional, sensory and material qualities of place. While insightful, Boys argues that the book advances a series of unsustainable ideas, among them the assumption about the universality of certain built forms and experiences, which, according to Boys, disregards bodily diversity and difference as well as the fact that built environments can often be profoundly disabling. Boys therefore draws on contemporary social theory and critical design to develop alternative ways of understanding care in architectural education, ones that direct attention to the potential exclusions of design as well as invite professionals to actively recognise and creatively disrupt normalising tendencies in current practices.

Among the alternative pedagogical resources that Boys mentions is the work of *Sophie Handler*, whose chapter describes practices of 'urban curating': art and performance-based interventions into urban space that seek to uncover hidden experiences, knowledges and relations within those spaces to effect a rethinking of them. Handler discusses her work with elderly people in London that attempts to trace the rich, but largely neglected, geographies of ageing in urban environments through participatory methods, such as walking, dancing and storytelling, each providing a creative counterpoint to prevailing ideas of ageing as a demographic, economic and health problem. Instead, Handler demonstrates how designers could benefit from exploratory modes of engagement with everyday settings in order to facilitate a more caring design process that seeks to counteract stereotypical assumptions about different people and involve them on their own terms.

Tomás Sánchez Criado and *Israel Rodríguez-Giralt* also elaborate on alternative design methodologies through a discussion of *En torno a la silla* (ETS), an experimental collective in Spain, which seeks to develop more accessible, affordable and multi-functional technical aids for disabled people through extensive collaborations between social scientists, designers, craftspeople and users. Constituting an alternative to mainstream participatory design, ETS engages in a shared 'problem-making' that not only exposes the limitations of

contemporary notions of inclusive design but creates new economic, political and material conditions for collaborations that foster a long-term, caring commitment towards the design process. This caring also extends beyond the ETS collective, as the group documents its activities and makes them open access to share ideas and insights more widely and contribute to the empowering potential of design.

Michael Schillmeier asks fundamental questions about the composition of the common world and the role of design in cultivating caring relations to maintain it. Schillmeier demonstrates the value of engaging in critical reflection on the theoretical assumptions underlying the vocabularies of care deployed in contemporary debates. Like Handler, he approaches design indirectly, by attending to the work of Argentinian artist and activist Raul Lemesoff, whose *Weapons of Mass Instruction* – a vehicle that is shaped to look like a tank but works as a book bus spreading free knowledge – constitutes a deliberate, non-violent intervention into urban space. Drawing on diverse philosophies, from Heidegger to Whitehead, Schillmeier proposes that design needs to participate in similar creative disruptions to spread forms of togetherness that are respectful of difference and diversity. In order to do so, however, design has to rid itself of its human exceptionalism and attend to entanglements between humans and the nonhuman world, a task that care thinking is particularly well suited for due to its relational orientation.

Charlotte Bates and *Kim Kullman* conclude the book with an afterword drawing on insights from the previous chapters to explore the futures of design and care. Where current academic research describes care as a relatively modest relational practice that is concentrated on present challenges, Bates and Kullman argue that within every moment of caring there is a possible future in the making. Discussing a strand of utopianism that engages in an equally speculative and critical mode of thinking, the authors argue that care, particularly in combination with design, can serve to inspire alternative, possibly more inclusive and egalitarian forms of urban collectiveness. Such future-making, the authors indicate, is not without its challenges and requires a commitment to a new kind of pedagogy and politics of caring that reconfigures contemporary understandings of the design and use of built form.

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Chapter Two
Age-inclusive Design:
A Challenge for Kitchen Living?

Sheila Peace

2.1 Introduction

This chapter aims to consider age-inclusive design at a time of global population ageing and urbanisation and to build into that thinking the concept of care (Phillipson 2010). The focus on users, or consumers, of design in later life questions whether design is seen as being inclusive for all or subject to degrees of exclusion (Preiser and Ostroff 2001; Clarkson *et al*. 2003; Twigg 2013). In terms of the built environment, a lack of recognition regarding demographic change and inherent ageism is found in the field of design encouraged by cost effectiveness, building regulation and an absence of co-production. By introducing issues of caring alongside ageing in relation to design, recognition of a lifecourse perspective is essential to understanding individual needs, as the balance between caring for and care receiving changes over time. This chapter first addresses the relationship between age, care and design. Then research concerning the 'domestic kitchen', a central space within the home in later life, forms a basis for discussion bringing these areas together to make a case for a more humanistic approach to all aspects of design.

2.2 The interface between age and care

In the UK, the population aged 65 years and over has already exceeded the number under the age of 16 years,[1] and population projections indicate that one in four will be aged 65 and over by 2050 with the

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[1] http://newsvote.bbc.co.uk/mpapps/pagetools/print/news.bbc.co.uk/1/hi/uk/4012797.stm

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number of people over 85 years predicted to double in the next 20 years and nearly treble in the next 30 years (ONS 2013).

Over the past 50 years in developed countries (WHO 2015a), we have gradually recognised later life as spanning the last 40 years of our lives. This is a new reality and it is common to hear the phrase 'those in their 60s are the new 40s' with the world of the baby boomers born between post World War II and the 1960s differing from the older generations born before and between the two world wars (Rees Jones *et al.* 2008). These are people now in their third age, a term originally defined by Laslett (1989) as an active part of the lifecourse and reported by Gilleard and Higgs (2010: 122) as a time that 'should be seen as a cultural field shaped by the experiences of people who grew up and are now growing old within mass consumer society'. They are a generation driven by their own agency, and while not everyone has the social capital to see themselves this way, a difference exists between recognising yourself as a person who is ageing and being perceived by others as a part of a homogeneous group in old age defined more by their health and decline in activity than by their lifestyle (see Gilleard and Higgs 2000; Higgs and Gilleard 2006).

Of course, for some people the final years of life, or fourth age, can be a time of greater frailty and need for personal care. Gilleard and Higgs (2010: 125) argue that health and social policy from the twentieth century onwards has led to an institutionalisation of people's final years where 'the fourth age offers no opportunity to create a status or articulate a lifestyle'. Yet older people are truly diverse and while understanding the rationale for this argument, others consider the fourth age as a time of transition (Lloyd *et al.* 2014) in varied situations, both positive and negative. Although one in six people over the age of 80 years have a form of dementia, the majority live in mainstream housing in the community (Victor 2010; Alzheimer's Society 2015), so situating care in the domestic home is central. A smaller proportion of older people dwell in alternative living arrangements where future innovation is needed and a higher proportion in extreme old age require long-term care settings (see HAPPI 2009; HAPPI 2012; Peace 2015). Here it is argued that the closer integration of care and design can be enabling for personal agency and enhance quality of life. But how is care defined?

At all ages, care and caring are part of everyday lives, within and between generations. A majority of people are care givers and care receivers; we care about and for other humans/non-humans, objects/things, places/home, and when care is missing we may experience exclusion, inequality, distress, or abuse. Care takes place across what Bowlby *et al.* (2010: 149) call 'caringscapes' where 'an individual's practices and emotions of care are shaped and reshaped over the

lifecourse, through the interplay of social processes operating in time and space'. So, care can be found in the work environment of the office, the school, as well as the home; it is part of informal care as well as formal health and social care (Bowlby *et al.* 2010). Here the issues of design and care are considered through two contrasting areas of activism and philosophical discussion: first, the critique of care by those from the disability movement with regard to independent living, and second, the feminist ethic of care.

People of all ages may find themselves defined as service users because of a physical impairment or mental health need. Yet, the tension between care and independent living has found voice in the disabled people's movement by those seeking to develop personal empowerment particularly among younger members (Beresford 2008: 10). There have been arguments for change to environmental design as a form of discrimination couched in the social model of disability and more recent thinking (Shakespeare 1996, Shakespeare and Watson 2002). For those whose lives have a greater need for physical support with personal care this may not always feel empowering, leading to a significant critique of care as a service (Morris 1993).

Beresford (2008: 10) shows how objectives need to be framed in terms of rights and not needs:

> The philosophy of independent living turns traditional notions of independence on their head. It is not preoccupied with the individual or narrow ideas of personal autonomy…Instead of seeing the service user as having a defect or deficiency requiring care, it highlights the need to ensure them with the support they need to live their lives. The support is not expected to come from family members required to be informal carers. It rejects the concept of care and replaces it with the idea of support.

The move towards this more radical philosophy of independent living through personalisation and self-directed support that embraces a wider access to a life of quality needs to be understood within the design process. Here inclusive design should encompass the needs of a wider range of personal interdependence.

These views, although developed by a younger generation, echo the earlier discussion of articulating a lifestyle for people of the fourth age. There are an increasing number of people with support needs not only due to population ageing but also to extended life expectancy for people with lifelong health conditions. Yet demographic variations are seen at a time of family and household change impacting on the availability of informal care and support alongside technological development that offers greater reliance on surveillance and self-care through telehealth and telecare (Schillmeier and Domenech 2012). Here the experience of individual and social relations are also changing.

How does this position relate to the body of work from feminist care ethicists? Can we replace the word 'care' with that of 'support' or 'assistance', or, if they are not synonymous, can they still sit alongside each other? Since the 1980s, feminist writings on the ethics of care (Held 2006; Lloyd 2010) have stressed the importance of context, interdependence, relationships and responsibilities (Barnes 2012: 17–25) rather than views couched predominantly in the areas of human rights and social justice (Koggel and Orme 2010: 109) which are seen as essentialist. Sitting within this broader field of social relationships, the care ethicist Tronto (1993: 135) conceptualises care as having four moral principles: attentiveness (caring about), responsibility (taking care of), competence (care giving) and responsiveness (care receiving).

These principles are useful when evaluating how care and design can interact (Barnes 2012: 3). Care is an essential part of how we live with each other and engage in reciprocity which may be instrumental or emotional, personal or social, grounded in our public and private lives; it is a part of social relations (Davidson and Milligan 2004), and enabling design should be able to foster such relations. Essential to understandings of care is the discourse of interdependency, which is still to find its legitimacy and real meaning in a time when policymakers in Western developed countries still focus on the elimination or reduction of 'so-called' dependency, especially for those with particular needs, and the dominant rhetoric of independence and individualism (Clarke 2006).

Empirical research concerning care centres in the main on social relationships between cared for and care giver, highlighting commitment and reciprocity (Finch and Mason 1993; Williams 2004; Twigg 2006). Here informal care may be found alongside formal care where the health and social care needs of particular members are central. In this case, care can become more a practice of doing and the context may centre on the private world of the domestic home or the public world of care services (Peace 2015). The complexity of interaction between facets of environment – material, social, psychological, political – is central to this discussion.

Care is predominantly a gendered relationship where a woman's role as caregiver has been and continues to be central, despite the recognition of male carers especially in later life (Carers Trust 2015). While recognition of 'caring for' and the unpaid work of informal carers is acknowledged (Cloutier *et al.* 2015), only recently has support been recognised in UK legislation through the Care Act 2014. The feminisation of care still adds to its invisibility and lacking recognition in visionary statements of policy making (Franklin 2014). Care as outlined here is a set of moral principles that enable people to flourish and develop personal wellbeing. By comparing these two approaches one

can see the strength of each, with human rights and moral principles being important design drivers.

Of course, debate focused on people with particular health needs can narrow the lens through which care is explored. Bowlby *et al.* (2010) and Barnes (2012) seek to expand our understanding of the diverse contexts of care into situations where social relationships embrace friendships, work and community relations, and in ways which express care through issues of sustainability both of person and place. The essence of care is part of a much wider social relationship where the responsibility for enabling all to live well is fundamental. It is these views on care that need to underpin the professional approach to design.

2.3 The position of design

Over the past century there has been a gradual emergence of the human face of design, which in terms of buildings reflects 'social architecture'; a coming together of design practice and structures that can lead to enhanced personal and collective wellbeing (Mumford 1928; 1938). But such changes have been slow to emerge for those whose needs are physically embodied or denied by lack of recognition through gender and culture (Matrix 1984). While the reality of living with a longterm health condition across life, or in later life, may be enriched through a more supportive environment, such infrastructure is still uncommon. Indeed, at the turn of the twenty-first century, Imrie and Hall (2001) were concerned with design for people with disabilities, stating that 'for developers, profit and cost margins, adherence to technical standards, time scheduling and related matters, are project priorities' (Imrie and Hall 2001: 9). There has been an underpinning attitudinal negativity towards certain forms of embodiment that has favoured mobile youth orientated design and denies diversity (Keates and Clarkson 2003: 439). All too often it appears that designers have not considered co-design with users to meet particular needs; a central part of the design 'knowledge loop' (Keates and Clarkson 2003). Over a decade later, this attitude is still common, though innovative work by Boys (2014) challenges all to see disability as the starting point for design.

Discrimination regarding accessibility to transportation, or building regulations, is gradually being recognised through legislation and regulation. For example, Part M Building Regulations concerning access to and use of buildings in England have recently been replaced by 'New National Technical Standards', with three categories ranging from a base line to those designed to meet the needs of wheelchair users (Milner and Madigan 2001; Habinteg 2015). While such developments recognise the

need for change they are still far from radical and discussion of proposals to move towards inclusive Lifetime Homes with enhanced space standards (DCLG 2008) have been downplayed politically (DCLG 2011) due to costs of new build and the political power of private building developers leading regulation to be conservative and piecemeal.

The call for 'social architecture' in its broadest sense needs to be on-going and enhanced. The seminal work carried out by the i-design consortium funded by the Engineering and Physical Science Research Council (EPSRC) (1998–2007) brought together researchers from design, engineering and social science to consider inclusive design (universal design in North America), leading to important research and debate (see Clarkson *et al.* 2003). The i-design consortium, part of the EQUAL programme, covered 34 projects which aimed to Extend Quality of Life (EQUAL) through multidisciplinary research concerned with inclusive environments, inclusive design and rehabilitation (EPSRC EQUAL programme, 2015). In more recent years, the Economic and Social Research Council (ESRC) led New Dynamics of Ageing (NDA) programme[2] (NDA, 2009-2015) has extended this work (Timmins *et al.* 2014) particularly through six design-related projects concerning later life that span issues such as: movement on stairs; how clothing impacts and shapes health and wellbeing; the maintenance of continence; how co-production of art enhances quality of life; healthy working environments, and transitions in kitchen living.

2.4 Environment and ageing

Central to research on environment and ageing are issues regarding person in place and environmental press, the impact of personal competence and environmental docility (Peace *et al.* 2007; Rowles and Bernard 2013). The concept of environmental press relates to settings where behaviour is challenged by the fit between personal competence and everyday environment. Competence can be defined not only in relation to health (physical and cognitive) but also to intellect, personal advantage or disadvantage, and experience gained through different social roles. This holistic and lifecourse perspective on person in place, by taking on board issues of change with age that are both person-centred and body-centred, are fundamental to 'transgenerational design' (Pirkl 1994). Iwarsson's (2005) concern to develop a person-environment-activity model for older people through the

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[2] The New Dynamics of Ageing programme included 35 multidisciplinary research projects concerned with: Arts and Humanities; Mobility and Independence; Nutrition; Statistics; Health and Wellbeing; and Technology. http://www.newdynamics.group.shef.ac.uk/

'housing enabler' contributes to this discussion (Wahl and Lang 2003), incorporating technology to enable assistance. There is a need to reconsider progress in inclusive design. Why might a focus on population ageing be persuasive in terms of attitudes to design? Does the 'grey pound' represent a larger market with greater resources for a variety of products that will ultimately inspire designers and providers in a time of global capitalism?

Although biologically the ageing process may lead to greater vulnerability through poorer mobility, reduced dexterity, sensory loss, cognitive impairment and the cumulative impact of living with co-morbidity, diversity between individuals is common (Victor 2010); many age actively or could be supported through design (Huppert 2003). Given the continuum of extremes in physiological and cognitive experience throughout life, it is important to embrace co-design where possible and learn new methodologies that engage people of all ages (Cardoso *et al.* 2003). Does the user group have different views from the designer or the retailer? If the findings from design evaluation lean towards a person who is mobile, agile, dextrous, with good sensory ability who find this product/environment aesthetically pleasing, enabling but sometimes challenging, then re-evaluation for someone less mobile, less dextrous and with visual impairment, often older women, will be important (see Huppert, 2003: 36). In the following sections the focus turns to the views of older people incorporating a lifecourse perspective when considering kitchen living.

2.5 Learning from the NDA programme

The multi-disciplinary researchers[3] involved in the NDA programme's design-related research conferred over the impact of their work and the concerns raised by participants. The issues, outlined in Figure 2.1, indicate aspects of design that were seen by older people as essential to their wellbeing (Timmins *et al.* 2014: 214–222).

While the italicised points are views raised in the NDA discussion, the last bullet point indicates that researchers and older participants felt that the research demonstrated synergies that could be translated into prototypes, specifications, guidelines, processes for user engagement, or methodological developments that would be of benefit to 'transgenerational design'. The product of design should be subject to post-occupancy evaluation and its worth may then be recognised

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[3] The researchers included: ergonomists, graphic designers, engineers, environmental gerontologists, geographers, textile designers, artists and biologists.

> - Staying active – *badly designed facilities can restrict active use*
> - Answering need – *through new design brief or being informed*
> - Answering desires/wants – *through stakeholder engagement*
> - Improving confidence/competence – *maintains well-being*
> - Feeling connected – *enables socialising, engagement*
> - Improving image – *technology to maintain self, non-stigmatising*
> - Empowering – *through consultation, easier access, information*
> - Usability – *communicating ease of use*
> - Clarity – *tested technological developments, sensory sensitivity*
> - Independence – *enabling interdependence*
> - Inclusive for all

Figure 2.1 The impact of design on the lives of older people. (Timmins *et al*. 2014: 214–222)

through attached value or personal meaning that can be recognised in marketing.

The work of the NDA group adds to a developing body of knowledge for architects, designers and engineers regarding population ageing. For example, the Royal Institute of British Architects (RIBA) *Building Futures* think-tank consulted gerontologists to share research expertise and discuss housing and later life, leading to the publication of *Silver Linings* (RIBA 2013). A major symposium in November 2014, 'Design for an Ageing Population', launched a database of research knowledge (RIBA 2014) and a handbook concerning age-friendly communities (Handler 2014; see also Design Council 2015; ILC-UK 2015).

This gradual recognition of a need for training and development comes at a time of parallel policy recognition for encouraging an age-friendly world (Lui *et al.* 2009). Over the past three decades, the launch and growth of the global WHO Healthy Cities project (WHO 2015b) followed by the Age-Friendly City (AFC) initiative has aimed to promote active ageing and is seen as 'optimizing opportunities for health, participation, and security in order to enhance quality of life as people age' (WHO 2002: 12). There are now over 250 cities and communities in 28 countries working towards being more age-friendly (WHO 2015c). The evolving movement recognises that complexity of partnerships between users, designers, property developers, providers, planners, retailers and politicians, and economics is always an issue. However, as a global initiative the AFC provides a baseline for looking more closely at how age-inclusive design could be put into practice and the impact on caring.

2.6 Re-designing the kitchen

To date, design innovation regarding later life is most commonly acknowledged in collective living environments, specialist settings (e.g. hospices) or through specific forms of assistive technology

(Sixsmith and Gutman 2013; AIA 2014; HousingLin Awards 2015). In contrast, the focus here centres on mainstream community housing in the UK, where 93% of people over 65 years live across the range of housing types. They are more likely to be owner-occupiers with 57% who have bought outright (DCLG 2015). While a high proportion of older people are living as couples or alone, especially widows, this environment is the place where they wish to be, many spending a majority of their time in their home (Peace 2015).

The home environment is considered through the multidisciplinary 'Transitions in Kitchen Living' (TiKL) study, part of the NDA programme outlined above (NDA, no date). The kitchen is often seen as a focal point of the home (Freeman 2004), a central space for everyday living where caring tasks and emotions are often staged; a place not just for activities of daily living but also warmth, fellowship and comfort (Milligan 2005). The research sought evidence regarding kitchen living across the lifecourse that could influence contemporary design and support social policy initiatives concerned with 'staying put' in mainstream housing in later life where health, social care and housing issues come together. The study, undertaken by a multidisciplinary team of social gerontologists, designers and ergonomists from two Universities aimed to 'develop a holistic approach to understanding person-environment fit (Peace *et al.* 2007) leading to informed design practice' (Maguire *et al.* 2014: 73). Two sets of objectives are examined here: (a) understanding how an historical experience of the kitchen has been influenced by housing architecture, the development of domestic furniture and gendered patterns of behaviour, and (b) how the contemporary kitchen meets the current needs of older people. The data is used to reflect upon the relationship between care and design.

This qualitative research study involved 48 older participants; a purposive sample, of people living alone or as couples (married or family members) in urban to semi-rural parts of Bristol and Loughborough. They were chosen because they ranged in age from their 60s to 90s and lived across all housing types including a subsample living in supportive housing (for further details see Maguire *et al.* 2014).

The research methodology was complex, combining strengths from across the multi-disciplinary team and enabling the researchers to liaise and learn new skills through pilot work. To consider personal association with the kitchen, the researchers undertook individual oral histories. These interviews drew upon unique housing profiles that were used as prompts, alongside key life events to discuss kitchen experiences throughout life, including learned behaviour influenced by cultural, gendered and economic factors and noted alongside the remembered presence, or introduction of kitchen furniture and domestic appliances.

The oldest participant was born in 1919 and the youngest in 1948 thus spanning a history of design modernisation in domestic equipment with the coming of washing machines, electric kettles and dishwashers. This growth of design or assistive technology is essential not only to understanding continued caring in the home but to predicting future developments that will enable ageing in place (Holland 2012; ILC-UK 2015). For example, a majority of participants had a microwave oven allowing the heating of ready-made meals, and enabling some people to continue to care more easily for their partners, to care for themselves, or enable other home carers to care for them – all subject to costs.

In using the oral history method, the researchers were able to see how certain aspects of a person's caring role developed over time and to use the lifecourse principles developed by Bengston *et al.* (2005) who identified the importance of: linked lives where generations are interconnected; how historical time and place can impact on personal behaviour; how lives encompass transitions, and finally how planning and effort can affect life outcomes. Here is part of Betty's story, a woman aged 88 years born in 1922. This quote from 2011 is part of her childhood memory of the physical environment, when living in a northern town in the 1920s:

> what will come out over and over again from me is that what we had in those days was a kitchen, a back kitchen or sometimes called a scullery and a walk in larder and a walk in coal shed, a yard and with this sort of house a brick built wash house […] so in what you would call the kitchen, the biggest of the lot, we had a brick stove on the adjoining wall.

Betty, who saw herself as middle class living in what she called 'modest family housing that they owned' learned to cook and later run her own home through having helped her mother in the kitchen. You will see from the quote above how spatial arrangements in Edwardian housing are described. Her detailed narrative shows us how her kitchen living was gender defined and experiences were shaped by external events such as living with lodgers during World War II. The responsibility of 'taking care of' the family was maintained alongside the needs of others who were non-related sitting tenants or lodgers for whom there was a degree of 'caring about'. She says:

> How my mother survived that […] of course there was rationing so cooking then became an art, a skill, to feed all these people. It is hard to say whether the cooking took longer, I think it probably did because you were inventing all the time, trying to make meals […] the kitchen was full to the lip, people always pushing, getting past and mind your back sort of thing.

Later in the 1990s, Betty's husband died and she decided to move to be nearer one of her daughters who would be able to support her should she become a '*care receiver*'. Again, these comments highlight issues about domestic activities and kitchen layout that are shared between the different generations, indicating the ways in which skill development and lifestyle for this woman led to a wish for certain space standards within her new home and the need to recognise the importance of a place to cook that maintained her personal identity. Betty says:

> There is an amusing story because when I eventually moved to […] my grandson went house hunting with my daughter, trying to find a flat for me to move into, and at one time age 4 or 5, I suppose, he went rushing around to view and he came back to his mother and said: 'This is no good mum, this is no good' so the woman who was showing her flat was put out, […] and said 'What makes you say that?' and he just said 'There is no room for granny's marmalade' and he had spotted at once the major fault of more modern accommodation, no storage.

This example is used to show the interface between the person and their environment and how caring roles develop over time. The experience of different material environments reflects personal capital, financial resources and social networks and it shows how people cope with transitions, which can be supported in different ways by the places in which they live.

In this study other research methods focused on the contemporary kitchen. The aim of combining human stories with ergonomic assessment of the current kitchen was to acknowledge how personal history can influence housing choices and impacts on design solutions. Through analysing the histories of kitchen living the team arrived at seven key themes: space, equipment, tasks, storage, social etiquette, meanings and changes (e.g. adaptations over time).

With regard to care, the lifecourse approach enabled participants to comment on caring for their own children, often followed by a partnership of caring between spouses/siblings, and then the routines of living alone and the input of other people caring for them.

These themes aided analysis of research centred on the contemporary kitchen where detailed interviews, drawings and light readings were undertaken, and where participants also discussed their health and wellbeing. Those who took part in the research identified some of the physical difficulties they experienced, such as reaching and dexterity, and while these issues affected all ages, those aged in their 80s and 90s were most likely to have difficulty with sensory loss, especially vision and hearing. These were transitions in living that also led to a reflection on planning adaptations in the kitchen over the lifecourse.

The relationship between current kitchen design and changing health needs is central to the range of issues raised in the research.

Doris, 87 years, makes this comment: 'You know I think… why do they always have cupboards so high that you need a stool to stand on to get to the shelves? Which they tell you that you shouldn't do when you get older…. But then on the other hand, I think to myself really these flats are not built for elderly people'. Other issues raised by the research included: changes in mobility leading to removing doors to increase ease of movement; corner cupboards needing easier access to prevent unnecessary bending; the lack of electric sockets at an appropriate height; poor lighting making reading even more difficult; work surfaces and domestic equipment such as cookers at the wrong heights; taps that needed to close easily; windows that could not be reached or opened; the colour and texture of floor coverings that could lead to falls; the benefit of glass fronted cupboards that enabled recognition of content, and the importance of having enough space to sit at a table which was essential to maintaining activity that enabled a person and their partners, family members and friends to go on using the kitchen as an active space (Figures 2.2 and 2.3).

Figure 2.2 Even with a carousel bending can be problematic. Image: participant from the 'Transition in Kitchen Living Study'.

Figure 2.3 Some shelves are too high. Image: participant from the 'Transition in Kitchen Living Study'.

As Louise comments, certain behaviour developed across the life-course could become habitual:

The kitchen table: that's where we all sat to eat. Yes…and where we always had to sit and eat at the table together, especially sort of tea time…Oh yes, yes my mother insisted on that…

For a majority of respondents, the kitchen was used every day and was a space that embodied caring for yourself and for others. Only where a home carer came in to help an older person living alone could the kitchen sometimes become a 'deserted space' for the 'care receiver' and dependent on their mobility and the accessibility of the space.

While many of these issues could be solved through adaptation, the purchase of specific gadgets, for example carousels, or the recognition of the need for improved lighting, there are basic issues that relate to architecture and interior design that could be recognised for new build and make kitchen design more age-inclusive relating to space, ventilation, alongside under-cupboard lighting and the automatic inclusion of lever taps.

Lawrence made this comment about under-cupboard lighting:

… in fact when I first moved in here I thought oh here's another daft trendy idea, in actual fact they have been increasingly important and useful as our eyes have aged.

When looking to the future, participants were concerned about safety and energy saving. Bertha said:

> I like the idea of auto shut off as I have already burned the worktop and left the hob on overnight.

If some aspects of design were more common then the lifelong kitchen may become more of a reality that would facilitate care. The findings from this study have contributed to earlier design recommendations for comfort and safety in kitchen design (Moore and Ostrander 1992; Oden *et al.* 2010) and to how more inclusive features can enhance consumer satisfaction and recognise the potential of the older market. The TiKL research indicates that at a personal level the intimacies of ageing in place situate care giving and receiving within all forms of accommodation, where environmental docility (Peace *et al.* 2007) remains fundamental and where recognition of a lifecourse perspective can contribute to understanding contemporary design.

2.7 Conclusion: the relationship between care and design

Can an understanding of care be seen as a basis for inclusive design? To answer this question, use is made of the essential values of design voiced by the older participants in the New Dynamics of Ageing research programme (Figure 2.1) addressed through the TiKL project and linked to Tronto's (1993) conceptualisation of care as attentiveness (caring about), responsibility (taking care of), competence (care giving) and responsiveness (care receiving). Although in some cases it is older people who are the 'hands on' carers for their partners and spouses, or as self-carers when living alone, in other cases those offering differing levels of support will be members of a younger generation whether informal carers (family and friends), formal care workers or personal assistants. Indeed, as noted earlier, caring is an essential aspect of all human life; a reciprocal social relationship between different people in different places and so changes in design need to be inclusive.

Narratives from the TiKL research showed that 'attentiveness' and 'competence' could be restricted by the architecture and interior design of the common housing environments of older people. However, where aspects of 'caring for' or 'care receiving' were impeded by design, 'age' was not a predictive factor just for later life. Issues relating to the use of space need to address sensory change, height, reach and orientation for all ages. The issues raised by the

older participants in the NDA studies were of value to aspects of care at any age. For example: 'staying active' – by maintaining cooking skills – could be facilitated through design, with greater use of the kitchen leading to enhanced 'attentiveness' as well as 'responsiveness' in terms of care, and not just for human caring, as, for instance, easier feeding of much loved pets can enhance collective wellbeing more widely, including nonhumans.

The view that enabling design should 'answer need' can be simple or complex: from enhanced lighting to changed floor covering which could reduce falls; to assistive technology that enables being cared for within mainstream housing. 'Improving competence and confidence' were central to discussions within the TiKL project where technological development could enable safety and security that would give people greater confidence inside their home environment, for example through the development of 'switch off' equipment as Bertha commented. This could also allow non-live-in carers or personal assistants to have greater confidence in the environment where their relative/client is living, therefore enhancing their 'responsibility'. Finally, in considering issues of 'usability' and 'clarity', these were seen as aspects of design that could enhance usage for all and through doing so become 'empowering' and more supportive of 'independent' living where delegated autonomy may be part of reciprocal caring relationships.

The synergy noted across the NDA projects (Timmins 2014: 234) in terms of what older people wanted from design is seen to be all-inclusive and 'transgenerational'. Yet at present there are degrees of age-exclusion through design processes and this message needs to be communicated by encouraging greater co-design with people of all ages. How can a lifecourse perspective be in-built within the design process so that our environment becomes more flexible and malleable to address different personal needs and expectations? What prevents the marketing of inclusivity in a country with resources even in a time of 'austerity'? We are an ageing population where the caring environment and enabling all to live well will continue to be central.

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Chapter Three
Curating Space, Choreographing Care: The Efficacy of the Everyday

Daryl Martin

3.1 Introduction

In this chapter, I discuss some of the ways in which familiar objects and everyday spaces have been used to inculcate practices of care in Maggie's, an organisation which provides practical, emotional and social support for people with cancer, their families and friends. The chapter will focus on the role of the kitchen table, and the kitchen area more generally, in Maggie's Centres. I have carried out in-depth interviews with 23 professional staff and volunteers and focus group interviews with 66 visitors and volunteers (45 female, 21 male) across seven Centres; in each of these buildings, the kitchen area is typically the first space people encounter when entering a Centre, and a kitchen table usually the first piece of furniture they will see. This is intentional: Maggie's have commissioned buildings that are domestic in scale and feel in comparison to the large hospital complexes within which they sit. This contrast serves to differentiate the support offered in a Maggie's Centre, with the kitchen table or area a synecdoche for the distinct atmospherics of, and approaches towards, care that visitors experience there. This evocation of domestic space, through familiar objects, promotes a model of care in which everyday artefacts and notions of the home are active in its delivery, prompting a consideration of the idea of dwelling in how we conceive of care (Schillmeier and Domènech 2009). The consequences are profound in helping us to think through and challenge conventional metaphors for care (Frank 2004).

I will argue that Maggie's Centres are layered spaces, wherein homely ideals are held together via a confluence of the affects achieved

through architectural design and the everyday practices of visitors, professional staff and volunteers. I align my findings with researchers who have identified architecture as emergent in character (Lees 2001), moving beyond static notions of buildings that seem black-boxed in their completed states (Gieryn 2002). Doing so can lead us to understand architecture as 'a kind of "choreographing" endeavour, combining the design *and* use of built spaces' (Kraftl 2010: 409). Working in tandem with the architecture, professional staff and volunteers are key to establishing the atmospherics of care in a Maggie's Centre, and their work includes elements of curating and cultivating the spaces within which that care is experienced. Sitting alongside the allusions to home in Maggie's, each Centre is a workplace, prompting other metaphors for apprehending their spatial dynamics. Therefore, I argue that Maggie's Centres also resemble the workings of cafés. This is not because visitors are offered tea or coffee when they enter a Maggie's Centre (though they are on their initial visit, before being encouraged to make their own on subsequent visits), but rather that the design of informal, semi-private space encourages a communal aesthetic and enables '"familiarity bonds" that can not only give succour but also enhance well-being, quality of life, and maybe even, at a pinch, health and longevity' in our urban environments (Tjora and Scambler 2013: 2).

The chapter opens with a brief summary of Maggie's, and the place of architectural design within its programme of support by healthcare professionals. The buildings commissioned by Maggie's, with their domestic and anti-institutional aesthetics, formulate and facilitate the models of care offered inside them; so, I will situate Maggie's in debates that consider practices of care alongside questions of dwelling. Specifically, the kitchen areas are analysed as 'orchestrating concepts' (Hand and Shove 2004), helping to shape the delivery of care in the Centres. Tropes of domesticity and home are sketched in order to explore the role of affect in brokering a performative sense of architecture and spatial design. Maggie's Centres are also workspaces, with the kitchen table influencing professional practices of care. Advancing this understanding of Maggie's as working places, I draw analogies with the affordances of cafés, and how they have been understood to facilitate sociable practices, peer learning and interpersonal bonds in potentially empowering ways. Interview and focus group data, presented anonymously, will guide the chapter's discussion throughout, up to the concluding reflection on the capacity of spatial design to enable new avenues for hospitality (Derrida and Dufourmantelle 2000), and prompt the renewal of generosity as an organising impulse in the practice of care (Frank 2004).

3.2 Maggie's: care by design

Maggie's was founded in 1994 by Maggie Keswick, a landscape artist and scholar, and her husband Charles Jencks, the architectural theorist, in response to her experience of living with cancer. Before her death, Keswick (1995) described the spaces of treatment, their affective properties and the alienating qualities of their technologies, objects and furniture. Depicting environments that induced feelings of worthlessness, she wrote that 'At the moment most hospital environments say to the patient, in effect: "How you feel is unimportant. You are not of value. Fit in with us, not us with you."' (1995: 209). To counter this, Keswick planned with Jencks a blueprint for an alternative space, one room inside a hospital ward in Edinburgh 'with a view on to nature, where one could sit peacefully between bouts of noxious therapy' (Jencks 2015: 7). That blueprint for one room has evolved into an architectural brief used to guide the design of 17 Centres at the time of writing, located beside regional oncology centres, predominantly in the UK, but with international Centres opened and in development. The Centres have been designed by some of the most globally renowned architectural practices, with each Centre responding to the same brief but offering often strikingly different interpretations (Figures 3.1 and 3.2).

Figure 3.1   Maggie's Lanarkshire.

Figure 3.2 Maggie's Oxford.

Although different buildings, all Centres are built to similar scales and host similar programmes of individual and group activities, including counselling, peer-support groups, welfare advice and creative therapies. Visitors are not referred to as patients, and services are offered on a non-referral and non-residential basis by a team of health professionals who have specialist backgrounds in the field of oncology care, including cancer support specialists, clinical psychologists and benefits advisors. Independently governed and funded, Maggie's are in a symbiotic relationship with mainstream health providers. Against the enormity of many hospital complexes in large urban centres, Maggie's offer buildings that are legible at first sight; against the institutional atmospherics of the clinic, inside Maggie's are domestic in feel, with their Centres manifesting the spatial forms and everyday objects associated with the home. In evoking such ideas, it is important to signal that ideas of domesticity are far from uncontested; as Blunt and Varley (2004) argue, the home can be experienced as a space of alienation as much as belonging, and influenced by questions of gender, age, class, race and sexuality. Similarly, the home can be a site of exclusion, with the impaired body rarely figured in predominant architectural expressions of domesticity (Imrie 2004). These qualifications notwithstanding, in this chapter, ideas of domesticity are primarily used as counterpoints to the clinical spaces of mainstream healthcare typically encountered by those with cancer.

Figure 3.3 Kitchen area, Maggie's Lanarkshire.

Most particularly, a Maggie's Centre seeks to achieve a domestic feel through the kitchen area, with its kitchen table anchoring the space in material and semiotic ways (Figures 3.3 and 3.4). Hetherington (1997: 189) has argued that physical objects exert an agency in our experience of place, and can arrange and '*make knowable* a space'. Researchers have characterised kitchen areas as performative spaces, helping to produce and reproduce wider social and cultural norms (Bennett 2006; Meah and Jackson 2013). Hand and Shove (2006: 238) argue that we should think of the kitchen 'not as a place but as an orchestrating concept'. Following this, I argue that the kitchen table is integral to the choreographies of care that are enacted routinely in the everyday life of a Maggie's Centre, and involved in actively shaping the quality of care. There are no reception desks but rather large kitchen tables positioned as the centre of a communal area that visitors walk into, before proceeding further into the building, with its more or less private rooms. This approach was part of the spatial design in the first Maggie's Centre in Edinburgh, and has been adapted and re-interpreted in subsequent Centres. For each Centre, Maggie's require

> A kitchen area, like a 'country kitchen', with room for a large table to sit 12, which could be used for demonstrations/seminars/discussion groups. The kitchen should be relaxed and inviting enough for anybody to feel welcome to help themselves to coffee or tea.
>
> (In Jencks and Heathcote 2010: 220)

Figure 3.4 Kitchen table, Maggie's Oxford.

In its central position at the front of the building, Maggie's subverts design conventions that situate the kitchen as an inward-looking room to the back of domestic sites (Llewellyn 2004). As Jencks (2010: 13) notes, the 'centrality of food and drink allows people to enter and exit without declaring themselves, try things out, listen or leave without being noticed'. We know that the kitchen is important to how architects design the buildings; however, it is to the perspectives of their everyday users (namely staff, visitors and volunteers) that I turn now, drawing on interviews and focus groups in the seven Centres I visited. In particular, I will discuss their observations on the role of kitchen tables and areas in shaping their experience of the buildings, and the care that Maggie's provides.

3.3 The accommodation of the everyday

For many visitors, the kitchen area is their favourite place in their Centres, with the kitchen table connoting a homely feel. In a Maggie's Centre, notions of home are assembled through specific objects such as the kitchen tables and their evocation of culturally embedded ideas of domesticity, warmth and welcome (Miller 2008: 209). They help to establish a model of care that is linked to practices of dwelling

(Schillmeier and Domènech 2009); feeling at home, Schillmeier and Heinlein (2009: 222) argue, comes from the linking of 'bodies, feelings, and things in a way that they generate a "canniness" of living'. Thinking about homeliness invites an understanding of the spaces in which this is felt as locations that are not stable but dynamic, and in which the arrangement of material objects, such as the kitchen table, plays an integral role in building and maintaining experiences of belonging (Latimer and Munro 2009). Thinking of home in terms of the relations between people, materialities and objects resonates with how visitors often describe a first visit to a Maggie's, which typically begins in the kitchen. Rebecca talked me through the arrival of visitors to her Centre:

> Part of our meet and greet is to lead people in the Centre to the kitchen. They sigh in the hall before they even get there, but as soon as you open to the kitchen and see our shiny red kettle, they know where the kettle is to help themselves… They feel so much better and we've not actually started the big chat yet.
>
> (Staff, site 6)

These observations (of an emotional response of relief, expressed in an embodied way, and the domestic triggers that can lessen anxieties about arriving in an unfamiliar space) were echoed in other Centres. Maggie's Centres are disarming spaces; the absence of institutional triggers, such as reception areas and staff badges, situates the visitor emotionally in different ways than a hospital appointment might do. As Holly suggested, Maggie's Centres are 'architecturally other' buildings (Staff, site 4) that can challenge as well as comfort visitors. Indeed, the brief asks its architects to design buildings that hold qualities of safety and welcome in tension, alongside atmospheric affects that are 'surprising and thought-provoking' (Jencks and Heathcote 2010: 219). As represented in the variety of aesthetic approaches found in different sites, the Centres can be extraordinary or understated structures, perhaps both at the same time (for a related argument, see Kraftl 2009). Bloomer and Moore (1977: 132) have defined the design of the environment as the 'choreography of the familiar and the surprising, in which the familiar has a central role, and a major function of the surprising is to render the familiar afresh'; this definition resonates with the strategic uses of architecture and interiors in Maggie's.

In words that support Jencks's contention above that the kitchen table allows people to visit Centres without declaring themselves, Sheila remembers that 'when I first came here I didn't know anybody, but there were spaces enough around the table, and I could see people who knew each other were chatting, and I could just sit there,

I didn't feel like I had to join in' (site 3). Visitors' reports of their initial arrival at the Centre indicate a degree of control that is hard to achieve in healthcare spaces, despite a prevalent rhetoric of patient choice. Mol (2008) argues that caring practices in contemporary medicine have been elided through the promotion of 'logics of choice', derived from commercial and political norms that translate bluntly within healthcare. Against such logics, she advocates a different approach, underscored by the 'logic of care', in which care is prioritised as a relational practice, achieved by sustained dialogue and negotiation between patients, carers and professionals, and in which non-human elements are key (Mol 2008). Kenny, a visitor to another Centre, spoke of an experience of agency on his first visit:

> The door swept open, and I walked in, could hear the sounds coming from the kitchen area. So that's where I turned towards, and was greeted with no interrogation, you know, 'who are you, why are you here', you know, it was 'hi, want a cup of tea', and was led very gently into, and given the option of either discussing my situation or not discussing my situation. I wasn't judged or categorised in any way, and that I think was the most effective way of making someone feel comfortable.
>
> (site 1)

Kenny describes a hospitable environment, composed of architectural atmospherics that are co-produced by the caring practices of staff and volunteers, as well as the materialities of the physical environment. Here is an illustration of hospitality '*given* to the other before they are identified, even before they are (posited as or supposed to be) a subject' (Derrida and Dufourmantelle 2000: 25). Kenny suggests a spatial experience where the usual obligations of patienthood are suspended; as noted above, Maggie's are places where visitors are definitively *not* referred to as patients. The contrast with clinical space is drawn by Sharon.

> I just remember coming in and feeling very safe, and it being very different to the medical world which I needed, something very, very different... [staff name] just said 'come on, I'll show you where the kitchen is, this is what we do'.
>
> (Visitor, site 5)

Kenny spoke of a place of comfort, and Sharon a place of safety; these are qualities often associated with the affective geographies of home, conceived of as a protective space allowing for peaceful reflection (Bachelard 1994). Jonathan (Visitor, site 6) appreciated his Centre for the 'the fact that you come through the door and it's peaceful... the peace I think is what makes Maggie's different. Whether you could retain that if it was in the middle of a hospital or in a GP's surgery,

I don't know'. Jonathan's comparison with hospital settings is also suggested by Malcolm (Visitor, site 3), who begins by stating that the 'kitchen being part of the main area means that the kitchen is accessible. If the kitchen was set off in a separate room I think you'd feel like you needed to go and ask permission'. He draws comparisons with NHS buildings where

> there's always a power structure built in there. So you go in and there's somebody behind a desk who's in charge, and there's rows of chairs, and you get taken by somebody who's in charge to somebody else… Here [in Maggie's] it's a much more egalitarian kind of setup, and I think that's very much part of the way the building's designed.
>
> (site 3)

Malcolm identifies the role of physical objects in establishing power dynamics, especially within institutional settings, where mundane artefacts are enveloped within processes and interactions that position people as patients (or customers). These facilitate the kinds of distance between professionals and those who need help that Frank (2004) suggests as corrosive in its effects on relationships of care. Jeremy makes a similar point.

> Not having a clock here, you don't come here and watch the clock, like you would do in a waiting room… Other barriers, things like uniforms [are absent]. I think professionals here all sit around the table, including myself at times, and so we're all approachable and accessible. At the hospital we all rush around, doctors and nurses. If you see them you see them going at high speeds heading in the opposite direction, so it's quite a contrast here.
>
> (Staff, site 3)

Jeremy captures how the designed environment can embed organisational timetables, but also potentially facilitate more caring and welcoming practices. He also reminds us that, despite their domestic feel, Maggie's are workspaces, and it is to this aspect that I now turn.

3.4 Working the table

In Maggie's, the kitchen 'orchestrates' a multiplicity of social practices at a variety of levels (Hand and Shove 2004); these spaces and their artefacts mean different things to, and entail different practices from, different individuals. The kitchen table fosters a feeling of homeliness amongst those using the space, but there are boundaries at play between professional staff, volunteers and visitors, as noted by Charlotte.

There are still boundaries, and I would say they're different around the kitchen table than they would be in with the sessions with somebody. So I might know someone in one way around the table here, but… if you then have a booked session with them … I would be different and they would be different, and the people intuitively understand that here we've got an appointment. The door's shut, this is different, and the building just does that by itself.

(Staff, site 6)

Conversation around the kitchen table is part of the 'informal assessment' carried out by cancer support specialists in the Centre (Lee 2015: 50), whereby the process of welcoming visitors is folded into a practice of active listening for deeper concerns that may lie latent in the conversational exchange. The kitchen table is a professional workspace, despite the open and informal appearance.

Rebecca speaks about the effectiveness of her kitchen area:

You can split the kitchen space and I can be having a conversation with somebody who's upset and I can hear laughter from the bottom of the table with another colleague. I love that we can have two completely different conversations and nobody feels compromised, nobody's upset at the other. That's lovely to be able to do that in one room.

(Staff, site 6)

However, this simultaneity of conversations can be the source of anxiety for some staff. Sarah remembers that

when I started here that kitchen table was one of the most stressful [places]. I was used to having one-to-one conversations with someone. [Here] you can be talking to somebody about a recent diagnosis, somebody else could join the table who's just been told they've got weeks to live, and you're managing all that, and it's not as easy as what people think.

(Staff, site 2)

In a space which is designed to feel informal to visitors, within a place of work for healthcare professionals, the kitchen table occupies a tensed position within the Centre. Vicki noted the need to intervene at times in the conversations around her Centre's kitchen table, to anticipate potential misunderstandings arising from the talk about the appropriateness of different treatments for different types of cancer (Staff, site 3). Mandy refers to the need to manage the table, its conversations and the group dynamics it enables.

If you leave the kitchen table to its own devices it will grow arms and legs and it will come back and bite you on the bum… You have to manage the kitchen table, it requires facilitation. You have to manage your groups.

> Yes, there needs to be a sense of freedom about it, but if you're not there to make sure that things are staying relevant then they can very quickly go off on a tangent.
>
> (Staff, site 1)

The kitchen table is a complex site which requires a choreography of professional practice and involves vigilance on the part of staff. Fionnula draws on the spatial design of the Centre to assist her when she sits in her usual space just next to the table.

> I can see where people are coming in through the door, I can see what's happening, I know where people are going, and I can keep my eye on everybody who perhaps does need that little bit more attention. I can also keep an ear open for the conversation around the kitchen table which is quite important.
>
> (Staff, site 3)

What we observe in the kitchen areas of Maggie's are spaces which are complex, choreographed and co-produced by the actions of those who inhabit the spaces. Heidegger (1978: 352) made the connection between dwelling in a place and cultivating that place; 'the basic character of dwelling is safeguarding'. One Centre head described part of her role as being custodian of her building; more generally, staff and volunteers at Maggie's are active in the curation and cultivation of their Centres. Rose, Degen and Basdas (2010: 347) argue that 'human participation in buildings is complex, and involves many processes of making'; Maggie's staff and volunteers are significantly involved in the bringing into being of this architecture, where we understand buildings not as stabilised objects, but as ongoing projects in a constant process of making and re-making (Gieryn 2002; Ingold 2013).

The influence of Centre visitors to the overall experience of place is vital too, and we must remember that the same space can be experienced in multiple ways at different times, regardless of the intentions of their designers. Visitors may not be equally comfortable with the dynamics of the kitchen table, with some focus group members recounting some apprehensiveness, especially on first visits. For example, Jonathan remembered feeling 'a little nonplussed' at the varied and simultaneous conversations around the kitchen table (Visitor, site 6), and James noted that he felt 'a bit awkward' at the table initially before starting to participate in conversation: 'although I wouldn't have necessarily chosen to do that, because I had to it was a good thing, I realised afterwards' (Visitor, site 4). Many visitors valued the peaceful qualities of their Centres, although as small buildings open to large populations, they can become very busy, very quickly. Maggie's Centres have been designed as intimate spaces, and this can cause a sense of

over-crowding; as Emma, a volunteer, noted, 'all kitchens are the same, it's lovely if nobody's around, but somebody's trying to empty the dishwasher, make a drink, then there's a lot of activity going on in a small place' (site 2). Jennifer recounted an occasion where 'we had a party going on in the kitchen. A lot of the users found them really noisy, but they didn't have anywhere to go' (Staff, site 7).

Sharon suggested that sometimes 'the kitchen is a bit chaotic when there's a presentation, people are coming and going'; although she liked that vibrancy as a rule, she expressed concern that 'if you had a kitchen table that would accommodate 50 to 70 people it would lose something' (Visitor, site 5). In his Centre, Pete suggested that 'there is an occupant capacity in any building, there's a physiological occupant capacity, but I feel Maggie's has an emotional occupant capacity'. He continued:

> At one time on a Monday morning [the Centre] was stowed to capacity…
> It wasn't claustrophobic, it was just the occupant capacity was way above
> the emotional capacity for me… Because much as you can design a building,
> if it becomes overused, if the, in my words, emotional occupant capacity
> is exceeded, it would end up like a clinical building.
>
> (Visitor, site 1)

These reflections, from visitors, volunteers and professional staff, highlight the layered qualities of Maggie's buildings. For Schillmeier and Heinlein (2009), experiencing care is bound up in practices of dwelling and being at home, albeit a sense of home that is mobile. This is extended in understandings of home that gravitate 'from feelings of belonging being anchored within specific locations to matters of identity becoming entangled in locutions that address notions of self' (Latimer and Munro 2009: 318). In Maggie's, we observe an articulation of this complexity of feeling at home, with the architecture designed to facilitate such experiences amongst visitors. However, for such feelings of homeliness to be arrived at involves the ongoing emotional labour of staff working in the Centre (see also Johnson 2015). In an interesting metaphor, Nicky, a cancer support specialist, suggested that 'I'm a maître d' in here, my job is front of house, and my job is to make people feel comfortable and be vigilant about what's happening' (site 1). This link between the atmospherics of Maggie's buildings and the work they require in supporting visitors leads us to move beyond primarily domestic tropes in understanding them. I have discussed Maggie's Centres and their allusions to domesticity for visitors whilst being a professional workspace; there are resonances with how researchers have characterised the café archetypally as a layered place of work, in which a communal and sociable aesthetic prevails but which also permits room for individuals to enjoy privacy amongst others (Oldenburg 2013). I extend this comparison in the next section.

3.5 Familiarity bonds and the communal encounter

Maggie's buildings might be considered as alternative places that bridge the gap between domestic lives and work settings. 'Third places' have been exemplified most clearly in the form of cafés that act as sources of emotional support for urban communities (Oldenburg 2013). The café has been understood by sociologists as a space co-produced by the actions and interactions of its staff and visitors (Tjora and Scambler 2013: 2), as well as its architectural atmospherics. Duneier's (1992) ethnography of the Valois Cafeteria in Chicago stressed its importance as a meeting place for friends *and* strangers, where individuals can step outside the roles expected of them and unsettle stereotypical assumptions of race, masculinity and class. Hall's (2012) study of Nick's Caff in South London proposed that the café be viewed as a space where narratives of belonging are negotiated within dense urban environments. Hall used her ethnographic observation of café visitors, watched over by its owners, to draw out the importance of informal space to the experience of everyday urban life. Linking cafés with street life more generally, she argues that 'although everyday memberships in ordinary spaces are generally informal, they are often profoundly significant for how individuals access knowledge, grant and gain trust, and affirm their connections within a socially sustained familiarity' (Hall 2012: 96). She outlines a variegated understanding of cafés as localised spaces where multiple forms of knowledge and expertise amongst a variety of individuals combine in the building of social solidarities.

For Laurier (2008), the café is a particular time-space brought into being as part of the course of mundane events that afford individuals awareness of the lives of others. In the café, Laurier and Philo (2006b: 356) observe 'a *diversity* of encounters: with friends, acquaintances, neighbours, strangers and staff', involving an arrangement and orchestration of bodies in complex and subtle ways. Hall (2012: 95) has noted the importance of spaces of encounter in which strangers who might not typically mix can learn from each other and, elsewhere, Laurier and Philo (2006a: 194) identify the café as a site of phronesis. This brings to mind some of the ways in which visitors discussed the kitchen table in Maggie's Centres.

> The exchange of information across that kitchen table is greater than you're going to find in any cancer clinic, or that you're going to get from any of the medical professionals, because you're exchanging personal experiences with other people, and you tend to get a more holistic view of cancer.
>
> (Kenny, Visitor, site 1)

Relatedly, Joanne stated that 'I've learned so much more just sitting round that kitchen table and people just putting something into conversation and I think gosh, I've got that as well'. For Joanne, Maggie's offers a chance to talk with others as a way of negotiating anxieties that cancer can bring on relationships at home. She continued to suggest that

> [normally] you come and sit at the table, have a cup of tea whatever, and just talk to people… I find now, for the stage that I'm at, people coming in who are in the early days, they're quite happy to see how well I'm looking, compared to what they're feeling, and that's, that's nice as well. One, it reassures me that I'm looking fine, and two, it's good for them to see that there's life after cancer.
>
> (Visitor, site 6)

Here we have conversations that bring together peers who have a shared experience; as Jonathan notes, 'when there's two or three people sitting around the kitchen table, I think because everybody is in the same boat, in the greater scheme of things, there is an understanding, a mutual understanding' (Visitor, site 6). Maggie's are examples of 'intimate space', arising from face-to-face encounters in group settings and enabling 'communication beyond the perfunctory' for individuals in urban environments (Hall 2012: 96).

The communal encounters described here lay the ground for the cultivation of what Scambler and Tjora (2012) term 'familiarity bonds'. Their concept is premised on the hypothesis that '*the commitment and return on a person's familiarity bonds are salient for health and longevity*'. Elsewhere, Tjora and Scambler (2013: 4) characterise cafés as incubators of community life and part of an 'enabling sector'. This allows for the 'work of conviviality' to be achieved 'on a momentary, situated and improvised basis' (Laurier and Philo 2006a: 204), in mundane ways and through the sharing of space. Cafés are spaces of dialogue, helping to maintain Laurier and Philo's (2006b: 355) sense of 'that uneventful intimacy of everyday being wherein 'we' all routinely hope that our efforts to be together with others will achieve something in acting with, without and for others'. Hall (2012: 72) argues for a greater understanding of 'the social value of meeting places in which life and livelihoods are combined' and the sense of belonging that they can foster. We can, I suggest, extend these arguments to spaces of care, such as Maggie's, and the layered modes of experience and practice they allow.

Maggie's Centres operate across the different levels at which Schillmeier and Heinlein (2009: 229) suggest 'the very specificities of care [are addressed]: private, semiprivate, and professional'. What we

find in their kitchen tables and kitchen areas are artefacts and spaces that enable professional staff to be vigilant in their workspace *and* evoke feelings of comfort amongst visitors sharing the space with familiar and unfamiliar others. Kraftl (2010: 408) argues that 'affective states *may* be created by architects through the use of specific materials, colours and shapes', and yet their effects are 'the unpredictable, ongoing result of how people are using, moving through, maintaining, refurbishing, adorning and interpreting architectural spaces'. This leads to an understanding of architecture's 'modest form of power, which is suggestive rather than directive' (Rose, Degen and Basdas 2010: 347), enacted through the embodied use of buildings. When reflecting on the role of design in caring environments, we do well to consider the work of caring as happening *with* architecture, rather than simply *in* architectural settings (Ingold 2013). How well that work takes place is intimately related to how that space has been intended, but also how it has been tended. In the case of Maggie's, if the buildings are experienced in terms of their warmth, this is an affect that is artfully achieved and co-produced in the relations between individuals and objects, between people and space and, over tea and coffee, between one and another. It is accomplished through everyday practices such as making a cup of tea or coffee. Thinking about the routines of tea and coffee in Maggie's alerts us to the small details that, gathered together, compose affective geographies (Jacobs 2006). Oscillating between forms of private, semi-private and professional space, if a Maggie's evokes feelings of home, this is because there is 'an *us-ness* as well as a *there-ness* to a sense of dwelling', and also because 'rather than a locale being solidly the site of kith and kin… home can be taken to be the place wherein [a sense of] self finds itself most comfortably situated' (Latimer and Munro 2009: 318, 319). If a Maggie's Centre facilitates the 'collective event' of people encountering one another in ways associated with cafés (Laurier 2008), then it is with 'the wonder of perfectly everyday events, full of possibilities' (Laurier and Philo 2006b: 355).

3.6 Conclusion: hospitality, generosity and the practice of care

I would like to conclude by proposing that the everyday encounters observed in Maggie's offer us opportunities to think about how to achieve hospitable spaces that enable generosity in caring practices. I understand hospitality using Derrida's definition of an ethical practice that positions me in relation to the 'unknown, anonymous other, and

that I *give place* to them', doing so 'without asking reciprocity (entering into a pact) or even their names' (Derrida and Dufourmantelle 2000: 25). Derrida's reflections can be translated within thinking about care; as Gunaratnam (2009: 14–15) argues, healthcare spaces are exemplary places in which to consider and question the meaning of hospitality, as they prompt consideration of our obligations to 'specific and more generalized others'. Professional staff and volunteers in Maggie's work tacitly with these important questions on a daily basis, as they offer support to typically unknown others but without recourse to the language and norms of patienthood. I observed this form of empathetic address and emotional labour routinely and across sites in my visits to Maggie's, with staff and volunteers 'tuning into the experience of another' as visitors entered the building (Hochschild 2003: 72), and the kitchen table typically choreographing the movements of all involved as they inhabit the space and render it hospitable.

Thinking of generosity in caring practices, Frank's (2004: 2) definition of medicine as fundamentally about 'people in a room together, acting toward each other with varying degrees of generosity' is useful. For Frank, the challenge for contemporary medicine is not primarily aetiological or epidemiological, but a question of extending the generosity with which care is offered. He argues that the 'renewal of generosity will be hastened if participants in medical relationships think of themselves not (at least not only) as patients and professionals, much less as consumers and providers, but as guests and hosts' (Frank 2004: 11). The role of language in framing care is important, as Maggie's practice of not referring to visitors as patients suggests. It is telling that Frank's (2004: 44) ideals of generosity in contemporary medicine begin with the idea of dialogue, where 'dialogue with people is more than recognizing their inherent dignity and defending their rights; it's being willing to allow their voice to count as much as yours'. Indeed, he goes further, drawing on Levinas's moral philosophy to posit an ultimately asymmetrical relationship between the carer and the cared-for, or host and guest within the caring relationship. Levinas profoundly influenced Derrida's writings on hospitality, and in Levinas, too, the idea of rescinded reciprocity is vital in meeting our responsibilities towards others. Levinas wrote that 'I am generous toward the other without this generosity being immediately claimed as reciprocal … I therefore insist upon the signification of this gratuitousness of the *for-the-other*' (2001: 213, in Frank 2004: 50). The idea of gratuitousness is intimately tied to Levinas's moral relationship, to Frank's medical encounter and also to Jencks's aspirations for the architecture of Maggie's, which should include gratuitous spaces alongside informal and private spaces, to elevate their buildings beyond the purely functional (Jencks 2010: 13).

If the language of care is important to the framing of care, the design of space is equally important in allowing for better articulations of that care. Derrida suggests that 'in order to constitute the space of a habitable house and a home, you also need an opening' (Derrida and Dufourmantelle 2000: 61). We need new openings to re-imagine care-as-dwelling, however contingent, fragile and transient those caring relations may be (Schillmeier and Heinlein 2009). In words that resonate with those of Maggie Keswick (1995), Frank (2004: 67) argues that the 'medical world is not yet habitable; patients are too often treated as if they are not wanted'; within the grounds of dense hospital complexes enfolded within the networks of large urban centres, Maggie's buildings reveal the possibilities of design in shaping hospitable healthcare environments. In her arguments for healthcare practices driven by logics of care rather than logics of choice, Mol (2008) emphasises the role of nonhuman artefacts within the caring relationships and story-telling practices she advocates. In her case studies, these nonhuman artefacts often take the form of medical technologies; however, we can extend her argument to include attention to the non-clinical elements of therapeutic spaces. Through their use of the kitchen table, and the kitchen area more generally, Maggie's Centres demonstrate the efficacy of everyday objects and spaces in achieving new understandings and practices of care.

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Chapter Four
'I Don't Care About Places': The Whereabouts of Design in Mental Health Care

Ola Söderström

4.1 Introduction

Wittgenstein defines ethics as that to which we pay attention: ethics refers to perception rather than rational argumentation or inner feelings. It has to do with our capacity to perceive as important and care-worthy very ordinary aspects of our daily lives. It is a mundane practice of attending to things, people and situations (Laugier 2014).

In this chapter, I argue along these lines that design and care in the urban world should be conceptualised in relation to perception and practice (Verbeek 2006). A caring design, in other words, is concerned with users' actions, and with the way such actions are programmed into artefacts and technologies by the numerous actors involved in the production of urban space. More specifically, my contribution focuses on the relationship between people with mental health problems and the city. I discuss aspects of the urban milieu that provide comfort or discomfort to them in a manner that is often invisible. Making such aspects visible requires directing attention to the ways in which people with mental health problems seek to deal and cope with the city. I therefore explore the design/care nexus by considering the urban practices of this specific group of city dwellers and users. I compare the spatialities envisaged in studies on the design of mental health care facilities with work on the everyday geographies of people with mental health problems to argue that we need to broaden our understanding of mental health care design in order to make cities more hospitable places for this group of citizens. Studies on mental health care design remain focused on the inpatient hospital,

while scholars analysing the coping strategies of people with mental health problems in the 'post-asylum' age have highlighted the importance of the wider urban world. Therefore, the questions that I am interested in are the following: what does caring design mean in the context of mental illness? More precisely, *where* is care when we consider mental illness? And what kind of spatial imagination do we need to develop for thinking about design and care in this context?

My argument unfolds in three steps. I first look at how care and design can be conceptually connected in a productive way. Then I turn to examine the shifting geographies of mental health care, from the spaces of the asylum to contemporary post-asylum geographies and recent work on the design of mental health spaces. Next, I draw on fieldwork among young people with psychotic troubles in the city of Lausanne, Switzerland, in order to identify, in the conclusion, landscapes of care that are relevant for the daily lives of people with mental health problems.[1]

4.2 The design/care nexus

The practice of design has been reconceptualised in recent years by contributions across various disciplines, such as architecture (Yaneva 2009), sociology (Molotch 2004) and anthropology (Donovan and Gunn 2012), to name but a few. Science and technology studies (STS) in particular have played an important role in discussions about design and its relation to social order and action. This area has challenged traditional ways of seeing design as a value-neutral activity responding to purely functional requirements. Classic studies in the field (Winner 1980; Bijker and Law 1992; Latour 1994) have shown that design should rather be considered as a power-laden process resulting in artefacts and technologies that mediate social orderings. Seeing design as the inscription of programmes of action in a variegated set of 'things' (Akrich 1992) has led to the development of diverse forms of value-sensitive (Cummings 2006) and user-centred design (Garrety and Badham 2004). Pointing to the relations between values and user practices on the one hand, and technological design on the other, these studies put ethics and design into relation: two domains that are generally considered as quite separate in thought and action.

This body of work often focuses on social studies of technologies. However, research within urban and architecture studies have also, if less frequently, looked at the ethical dimensions of artefacts and their design (Osborne and Rose 1999; Osborne and Rose 2004; Jacobs and Cairns 2008; Söderström 2013). The way ethics is framed in these studies is broader than the Wittgensteinian view introduced at the outset of this chapter, because it refers to the prescribed rules and norms of action that are embedded into the materiality and functioning of artefacts and technologies (Verbeek 2006). An oft-quoted example of the 'etho-power' (Osborne and Rose 1999) of artefacts is the speed bump, which moralises the behaviour of car drivers through a material intervention. If, drawing on STS, design can be thought of as an ethical endeavour, how can it be related to questions of care in the context of mental health? Following Laugier's (2014) argument that care means paying attention to the ordinary, an ethics of care in design concentrates on daily places and encounters in the urban life of people with mental health problems.

Such an approach to design entails, on the one hand, a sense of care by focusing on interpersonal relations as 'the provision of practical and emotional support' (Milligan and Wiles 2010: 737). Care, in this case, is about (and for) people in precarious situations needing (non-paternalistic) forms of support. On the other hand, this type of design also involves 'caring for place', which 'enacts a critical attention to the materiality of practices and the agency of nonhumans' (Metzger 2014: 1003). With her 'script-analysis', Akrich (1992) has provided a useful vocabulary to practise the kind of 'critical attention to materiality' promoted by Metzger: she conceptualises design as 'programmes of action' and explores how these are inscribed into artefacts and technologies, how they prescribe users' patterns of action as well as how people subscribe to them or not. I will use this vocabulary in my analysis (see also Söderström 2013) to discuss how the urban practices of people with mental health problems might be 'designed into' the urban environment.

In sum, then, I envisage 'design as caring' in this particular context as a practice aiming to support people with mental health problems, which is guided by scripts that are sensitive to ordinary encounters between humans and nonhumans in the urban world.[2] In what follows, I develop this point by asking where care for these people should be located. I do so, first, by looking at discussions regarding design for the mentally ill and, second, by paying attention to the everyday urban experience of young people after a first episode of psychotic troubles.

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[2] For related reflections in the domain of cancer patients and people with autistic spectrum disorders, see, respectively, Annemans *et al.* (2014) and Kinnaer *et al.* (2015).

4.3 Spaces of design/geographies of mental illness

When we consider mental illness in terms of design, the commonsensical space and scale that comes to mind is the psychiatric hospital. Historically, the design of hospitals was an essential aspect of psychiatric care as it aimed to do much more than functionally house patients and care services. The hospital was central to the therapeutic strategies of nineteenth- and early twentieth-century psychiatry: 'The place of confinement, its design and its assumed association were of paramount importance since these became the blocks upon which the lunacy reformers built' (Edginton 1997: 91). The 'alienist school of thought' in particular, represented by figures such as Philippe Pinel in France and Samuel Tuke in the UK, promoted in the early nineteenth-century the idea that 'mad' people should be separated from society and treated in specialised hospitals (Coldefy and Curtis 2010). Good climatic conditions and activities in nature, like gardening (Parr 2007), were thought of as crucial to mental health care. Asylums were thus designed as ideal microcosms in terms of their architectural layout, location and surroundings to shelter patients from negative influences and provide a curative milieu.

There is by now an abundant historical scholarship both on the national and regional geographies of asylums (e.g. Philo 1987), including their architecture (e.g. Topp *et al.* 2007). Contemporary asylum design, albeit less frequently researched, has also been discussed by geographers and architects on the basis of post-occupancy evaluations (Gesler *et al.* 2004; Curtis *et al.* 2007) and to support new models of design (Golembiewski 2012; Golembiewski 2013). Aspects such as the integration of the facility into the community and the role of elements conveying a sense of home and security have been highlighted by post-occupancy evaluations, while studies in aid of better design insist on the provision of 'positive affordances' (such as interior decoration) and on the importance of designing spaces that are specific to different groups of psychotic patients, depending on their type of diagnosis. These studies have rightly insisted on the necessity to broaden our understanding of the issues involved in the design of psychiatric hospitals by investigating the role of physical, social and symbolic dimensions in creating 'therapeutic landscapes' (Gesler *et al.* 2004: 119).

However, this design-oriented literature remains primarily focused on hospitals and architecture. Although some work looks at the role of hospitals as places of transition in the everyday lives of patients (Curtis *et al.* 2009), the emphasis is on the hospital building rather than on broader spaces. While this is understandable in the case of historical studies of mental health care before the mid twentieth-century, it is less understandable in the post-asylum era (Philo 2000). Today, in

countries of the Global North at least, except for periods of acute care, the majority of people with mental health problems live their lives outside the hospital, moving across various settings, including their workplace, educational institutions, drop-ins or other forms of day-care, as well as many other places, depending on their activities, tastes and state of health. This does not mean that inpatient hospitals have lost their importance, but rather that, for most people with mental health problems, they are only one node in a network of places that they experience in their daily lives.

This wider geography of people with mental health problems is the result of a deinstitutionalization of care, or, in other words, the replacement of long-stay psychiatric hospitals with smaller, often community-based alternatives. This process began in certain countries, like the US, in the 1950s (but much later in others) as 'an unstoppable coalition of libertarian concern, treatment philosophy, chemotherapeutic advances, and politics and money [which] came together almost by coincidence' (Klerman 1977, quoted by Dear and Wolch 1987: 17). The resulting 'post-asylum spaces' were famously described in the 1980s by Dear and Wolch as 'landscapes of despair' or 'service-dependent ghettos' in inner cities. They have, in other words, been characterised as spaces of exclusion, NIMBYism as well as material and affective deprivation. However, recently, more nuanced accounts of post-asylum spaces indicate that there is a variegated geography of deinstitutionalisation: in cities with different histories of urban development from the North American metropolises studied by Dear and Wolch (Gleeson *et al.* 1998), the urban sectors where people with mental health problems and their services are concentrated are not necessarily areas of deprivation and exclusion.

Moreover, community care is not the only post-asylum model. France has followed a different pathway by developing a 'sector model' aiming to bring together ambulatory and hospital aspects of psychiatric healthcare. Switzerland, the focus of this chapter, has no national law on psychiatric care and therefore situations vary among cantons. Certain cantons, like Vaud, where my case-study is located, have developed a hybrid system of care since the early 2000s, trying to combine the advantages of the sector and community model (Bonsack 2008). The specificities of place thus matter, as do the ways in which health care institutions are organised. Commenting on the situation in the UK, Pinfold (2000: 210) concludes that 'post-asylum landscapes of care are slowly being nurtured by programs focused upon the positive strengths of users, and including the building of bridges between psychiatry and organizations or individuals in the community'. Apart from describing situations of exclusion and isolation, recent work also analyses the emergence of 'landscapes of care' by discussing 'the complex embodied and organizational spatialities that emerge from and through relations of care' (Milligan and Wiles 2010: 740).

Where should the question of design be located in this context? It is clear that it cannot be restricted to inpatient hospitals. In a post-asylum era, it should extend to the spatial design of places where patients meet their therapist, their social worker and other patients. The question of design and care would then relate to the exterior and interior architecture of the buildings where this form of care takes place, to the access to these buildings and their surroundings. However, this would still be too limited a view of the problem, because it corresponds to a common conception, where design exclusively refers to material space, rather than to a broader set of practices, or 'lived space', to use the Lefèbvrian vocabulary (Lefèbvre 1991). Thinking of design in terms of lived space is crucial in the domain of mental health care, because an important body of work now shows that the onset of troubles like psychosis and the coping strategies of those living with psychosis are related to the urban environment at large and not only to institutional spaces (Kelly *et al.* 2010). Therefore, the characteristics of spaces relevant for a caring design for the mentally ill should be reimagined beyond the places of community and hospital care. This move involves stretching the idea of design beyond architecture to the design of a landscape or geography of mental health care. Put differently, the extended spatial imagination that I promote should bridge the gap between the everyday spaces of mental illness studied by geographers since the 1980s (Philo and Wolch 2001) and those considered by the literature on design and mental health care (Gesler *et al.* 2004; Golembiewski 2012). There is indeed a striking discrepancy between this broader and more complex geography of care and contemporary studies on design that often limit themselves to the traditional setting of the inpatient hospital.

What this means in practical terms must be elaborated by systematic empirical work that still needs to be carried out. As a step in that direction, I dedicate the rest of this chapter to exploring a series of ideas and principles that are based on the results from fieldwork with young people with psychotic troubles in the city of Lausanne, Switzerland.

4.4 Everyday urban geographies of mental health

This fieldwork was a pilot study for an interdisciplinary project on the relationship between cities and psychosis.[3] The research was primarily based on semi-structured and narrative interviews with 10 young people with mental health problems, aged between 18 and 32 years,

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[3] The study was carried out by Sara Kasme (2014) as an MA thesis under the supervision of the author, at the Institute of Geography, University of Neuchâtel. Many thanks to Sara Kasme for her careful study.

as well as with two care workers. Its aim was to explore three aspects of their spatial biographies: their residential trajectories, including in some cases international migration; their spatial routines in the city of Lausanne; and their discourse on experiences of stress or comfort in the city. Interviewees in the preliminary study and in the other phases of the research were all involved in a programme relating to the early diagnosis and treatment of psychosis launched in 2004 by the Department of Psychiatry at the University Hospital in Lausanne. This three-year programme involves approximately 50 new patients every year from a 'catchment area' of 335 000 inhabitants. It is composed of an outpatient clinic, an inpatient unit and a mobile team, all organised according to a case management model, where nurses and social workers 'are in contact with patients as early as possible, ideally within 48 hours, be it in a hospital, at the emergency room, at a general practitioner's practice or at a patient's home' (Baumann *et al*. 2013: 324). The group of 10 young people with mental health problems was recruited through the case managers and the interviews were conducted in the outpatient clinic.

Lausanne's urban region is Switzerland's fifth largest, with a population of 335 000 in 2014. It is a medium-sized city with an urban intensity (housing density and social diversity) that is clearly lower than larger metropolitan areas. One of our respondents, who had previously lived in an African metropolis, put it this way:

> It's a small city. It's empty. Well, it's a large city but there is little people…
> it seems like a phantom city.
>
> (Woman, 32 years)

Places and their size matter in terms of psychotic troubles, and a higher prevalence of these symptoms has been observed in cities since the 1930s (Faris and Dunham 1939). Recent medical research indicates that certain urban features have an impact on the psychic health of people, who are vulnerable in terms of psychotic troubles (Krabbendam and van Os 2005; Kelly *et al*. 2010). In other words, the increased prevalence of psychosis in cities cannot simply be explained by the presence of a higher proportion of people at risk, but is related to the characteristics of urban living. Epidemiological studies in medicine have also identified a relation between the size of cities and the risk of vulnerable patients developing psychotic troubles (Vassos *et al*. 2012). For these reasons, we expected that the people we interviewed in Lausanne would not refer to high levels of stress in their accounts, which was confirmed by the subsequent analysis of the data. Our interviews also produced other useful results for subsequent phases of our research, for example, helping us to understand the limits of the

interview method when doing research with young people with mental health problems, who might often find it difficult to discuss certain aspects of their lives, which are usually loaded with emotions and suffering. This confirmed the necessity to work with diverse methods, such as go-along video-recordings. Above all, the interviews raised interesting questions concerning the design of landscapes for mental health care to which I will now turn.

Four themes emerged from our analysis: *ambivalence*, *sensoriality*, *atmosphere* and *rhythm*. The first observation is that the relation between the interviewees and the urban environment is generally ambivalent: they seek the stimulation, anonymity and services a city can provide, while at other times trying to avoid the hyper-stimulation it generates, its complexity and chaos. The participants, all having had a recent first episode of psychosis, usually experience social isolation in relation to an interruption of their professional activities or their studies. The city - and its centre in particular - offers the opportunity for social interaction and the kind of liveliness that the participants feel that they are often lacking themselves. At the same time, their health problems make it difficult to manage experiences of the type of social interactions and cognitive complexity that cities provide. For this reason, the participants also emphasised the need for a calm environment. As an expression of this ambivalence, semi-peripheral locations were often mentioned as an ideal place of residence:

> It's perfect [to live in the semi-periphery] because I have the calm and sometimes, if I want to go out, I catch the bus to the centre, to the bars, clubs, youngsters, all that. So, I have a bit of both.
>
> (Woman, 30 years)

This ambivalence regarding urban experience is also a recurring feature in the discourses of people with mental health problems more generally: narratives about their everyday lives are often composed of 'both/and' rather than 'either/or' statements. This is what survey-based studies might miss and what adds to the value of fine-grained qualitative work for understanding the design of caring milieus. If epidemiological research shows that urban living can trigger the onset of psychotic troubles, qualitative fieldwork indicates how people with mental health issues can deal with the problems of urbanity, while also taking advantage of the available resources of cities during specific phases and moments of their illness.

The importance of the sensorial relation between people with mental health problems and their milieu is the second theme we draw from our interviews. The exposure to noise in particular is crucial, as it often represents a major source of stress (Van Os 2004). Noise may

Figure 4.1 A noisy and complex street situation often mentioned by interviewees in Lausanne, Switzerland. Image: Sara Kasme.

stimulate hallucinations (see Figure 4.1) or contribute to the feeling of being overwhelmed by sensations, as expressed by our interviewees, one saying that 'it [noise] perforates me and makes me unable to react'. Interviewees thus explained how their urban practices are often organised so as to avoid exposure to sources of discomfort, such as the strident noise of trains or the heavy beating bass sounds produced by music in nightclubs.

The visual structure of places also emerged as an important sensorial element. The legibility, the sense of orientation provided by a place limits cognitive stimulations and provides a sense of comfort. A park in Lausanne (see Figure 4.2), and the ordered grid of New York, were given as examples by our interviewees:

It's easy to orient yourself, everything is square, so you always know where you are.

(Man, 25 years)

The same feeling of orientation and predictability can also be provided by supermarkets:

There's something protective, it's like being in a bubble […] and you know where things are.

(Man, 20 years)

Figure 4.2 A well-ordered park in Lausanne, Switzerland. Image: Sara Kasme.

These comments echo research in psychiatry concerning the features of protective milieus: they are 'containing', structured and predictable, with clearly defined boundaries providing a sense of inner safety (Söderström 2008; 2009).

However, for the large majority of our interviewees, the material feature of a place is not important in itself. As one participant told us: 'I don't care about places', meaning that what is central are the forms of interaction that occur in places and how they *feel*. This resonates with work on the geographies of mental health since the 1980s. How people with mental health problems interpret the attitudes of others towards them, especially in public spaces, and how they identify themselves as 'different' or not, has been shown to be an important aspect of their experiences of cities (Wolpert 1974; Parr 1997, 2000; Knowles 2000). Stigmatisation is particularly significant and related to the use of public and private spaces (Smith and Giggs 1988; Goffman 2009).[4] In psychiatry, stigmatisation is generally considered to have negative

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[4] However, these categorisations are not static but can change over time (Parr and Philo 1995), or even in the course of a single social event, during an interactional encounter (Sacks 1972).

consequences for mental health: it contributes to a fragile sense of identity, vulnerable to external stimuli – often captured by the clinical concept of 'lack of a cohesive self' (Kohut 2011) – which is seen as a characteristic of psychotic patients (Lysaker and Lysaker 2008). Hence, for people with biological and psychological predispositions to psychosis, having to deal with a complex, stimulating and sometimes stigmatising milieu may hamper the process of identity-building and thereby contribute to their illness. Nevertheless, accounts of stigmatisation were rare in our interviews, even though case managers underlined that patients are very sensitive to how others look at them or what they say about them. More frequent were descriptions of how, after a first episode, they had started to avoid their usual social milieus just before the onset of the illness:

> I decided I had to protect myself, to take distance from what could deteriorate my health.
>
> (Woman, 27 years)

Avoiding certain forms of social interaction, including drinking and drug-taking, leads to a reorganisation of spatial practices in which the places where the participants used to go are avoided in favour of new ones. When asked to describe the characteristics of places that they now seek, our interviewees talked about settings that are 'open, 'empathetic', 'tolerant' or 'cooperative'. One particular site by the lake was mentioned as having these features (see Figure 4.3):

> In Ouchy, it's easy to meet people, perhaps because people are more relaxed.
>
> (Man, 19 years)

But, there should not be too many acquaintances in these places:

> Certain patients don't like situations with people they know too much, because they are afraid they might know what's happening to them. So they prefer more neutral places.
>
> (Case Manager)

To use Parr *et al.*'s (2004: 406) expression about situations that are familiar but at the same time uncomfortable, the aforementioned places should protect people with psychotic troubles from 'community inquisitiveness': the feeling of being under the surveillance and judgement of others. Places providing 'positive affordances' (Golembiewski 2013) are characterised by what I would call a 'familiar anonymity'. Together with various sensorial-material features, like legibility, these opportunities for selective social interaction create what some interviewees called the

Figure 4.3   Ouchy, by the lake in Lausanne, Switzerland. Image: Sara Kasme.

'feel' of a site. Places are stressful or comfortable not only because of their physical features or who you might encounter in them, but because of their general 'ambiance': the bodily feeling and affective dimension with which they are associated (Adey *et al.* 2013).

Finally, the specific pace of places, and in particular what Lefèbvre (1992) called the 'micro-rhythms' that govern routine behaviour in places, is important for our interviewees. As Hansen and Philo (2007) have observed, the confrontation with normative expectations of behaviour in public space is a common experience for people with mental health problems: they are often considered by others as clumsy and slow in their actions. People with mental health problems 'encounter' these social norms in a number of situations, for instance, when shop cashiers or fellow walkers get impatient and put pressure on them to perform 'normally':

> As I am a bit hesitant, I look […] somewhat cold and slowed down. I have the feeling people notice that a lot […] For instance in the pharmacy, it has happened that people refuse [to serve me]… Well, they think I'm a drug-addict.
>
> (Man, 20 years)

So, interviewees distinguish between places where this normative pressure exists and others where it is less common. They know that

navigating the city requires them to choose places and ways of moving around, whereby they can cope with expected behavioural rhythms.

The four elements – ambivalence, sensoriality, atmosphere and rhythm – are salient features in the group of young people who were interviewed a few months after a first episode of psychotic troubles. I do not claim that these features have universal relevance. On the contrary: they need to be contextualised, because they refer to a medium-sized city in a wealthy country of the Global North. They should also be further refined through studies using other methodologies, and conducted with people before, and many years after, their first episode of psychotic troubles. With these precautions in mind, I conclude by using this exploratory study to reflect more closely on caring design for people with psychotic troubles.

4.5 Designing landscapes of mental health care

The design of technical objects, be they machines or elements of urban design, requires 'scripts' describing how these objects will be used (Akrich 1992). The script for a vacuum-cleaner, for instance, needs to be specific about how it allows the user to reach under a sofa. A city cannot be scripted in the same way, because it must accommodate a variegated world of users of different origins, gender, age, tastes, capacities and cultures. Still, the idea of script is helpful for indicating the direction in which caring design could develop within the domain of mental health. Drawing on the above discussion, I will argue here that three issues in particular should matter in such a broadly defined script: *scale*, *atmosphere* and *rhythm*. As I argue below, these issues are not specific to the design for people with mental health problems, which is why I suggest that the following reflections should be understood more broadly as a contribution to debates on the relations between care and design.

First, there is the issue of scale. Caring spaces, as I have shown in my discussion of geographical studies of mental health, should be designed at the scale of people with mental health problems. The development of participatory approaches to the design of mental health care facilities that are sensitive to the diversity of patient needs (Golembiewski 2013) is particularly important. But design should also seek to create a landscape of care by joining together different places so as to make urban resources available to people suffering from psychotic troubles, albeit in a way that protects them from stress-generating environments. Of course, the whole built environment cannot be redesigned to suit the needs of a group representing approximately one per cent of the total population, but a better

understanding of the relation between psychosis and the city can offer directions for the design of more inclusive places and enable care workers to help people with psychotic troubles in identifying the kinds of environments which might be beneficial for their wellbeing. While organisations that are active in the promotion of the rights of people with disabilities have succeeded in putting inclusive design on the agenda of public bodies and private developers (Imrie and Hall, 2001), this does not seem to apply to people with mental health problems. It is true that scripts are more difficult to elaborate for people with mental health issues, whose needs vary according to the symptoms, but there is no reason why more systematic research could not lead to general guidelines for urban design in relation to the sorts of themes that emerged from our interviews.

Second, design for mental health care should not be seen as purely a matter of bricks and mortar, but as the crafting of atmospheres that address the sensorial, emotional and social relations to places that are important for people with psychotic troubles. Recent work on atmospheres (Adey *et al.* 2013) relates in interesting ways to the ontology of space elaborated by Peter Sloterdijk (2011) in his work on spheres. What is at stake here is the design of a volumetric three-dimensional space defined by a specific atmosphere, rather than the two dimensional 'flat' space that has been central to the constitution of modern urban planning (Söderström 2000). The methodology developed over several decades by the CRESSON research centre in Grenoble (Augoyard 1998; Thibaud 2012), in particular, offers resources to elaborate atmospheric scripts that are relevant to the needs of people with mental health issues. Among other things, this work helps to identify sensorial thresholds in places, or criteria for their aural quality, which we know are important for people with psychotic problems. Thus, designing spaces that create sensorial transitions in and between buildings and public spaces, as well as offer a better protection towards noises could help people with psychotic troubles manage their encounters with stressful environments. However, more work on how people with mental health problems relate to urban atmospheres and how this can inform urban design is definitely needed (see Duff 2016).

Finally, the internal pace of places should be an important focus for the design of landscapes of mental health care. In his rhythm-analysis, Lefèbvre (1992) distinguishes between the macro-rhythms defined by the structural aspects of societies, such as standard working hours, and the micro-rhythms determined by more contingent and place-specific factors. Defining macro-rhythms is beyond the purview of design, but it can have an impact on the micro-rhythms of urban practice. While it is difficult to act on people's normative expectations

regarding the behaviour of others, it is possible to change, for example, the speed at which an automatic sliding door closes in order to make the pace of places more inclusive.

It is interesting that thinking about landscapes of mental health care can lead us to reflect on a form of urban design that matters to everyone. As I have suggested above, taking lived space as a starting point of design by paying attention to the relations between the sensorial, social and affective dimensions of place and its rhythms should apply to all urban design – even though it rarely does. The generality of my suggestions is perhaps not surprising, as only a fine membrane separates people with psychotic troubles from other people. The difference between the two lies in the presence or absence of hypersensitivity and in the presence or absence of a protective layer that dampens the effects of the milieu. In this sense, people with psychotic troubles are guardians of urban quality, challenging us to ask fundamental questions about what a good city is and what it is not.

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Chapter Five
The Sensory City: Autism, Design and Care

Joyce Davidson and Victoria L. Henderson

5.1 Introduction

The intensification of sensory stimulation is the 'psychological basis of the metropolitan type of individuality', according to Georg Simmel (1969: 48). Faced with the 'rapid crowding of changing images, the sharp discontinuity in the grasp of a single glance, and the unexpectedness of onrushing impressions', Simmel says the modern psyche adapts by shifting to a new mode of sensory processing, or neuro-affective order. For Simmel (ibid.), small town and rural life rests upon 'deeply felt and emotional relationships', relationships that flourish in 'the steady rhythm of uninterrupted habituations' characteristic of premodernity (see also, Borden 1997). The uncertainty of life in the metropolis, by contrast, demands a rational barrier of indifference premised on sensory dissociation (Paetzold 2000: 213). Without this barrier, Simmel (1969: 53) warns, we would be 'completely atomized' by the neverending turbulence of urban life (Figure 5.1). But what if the shift in sensory processing by which Simmel defines the modern psyche were, in whole or in part, not possible? What if it did not occur *naturally*? How painfully ironic would it be if people with deeply felt emotions, people with a need for the steady rhythm and regularity that Simmel associates with the premodern, responded to the sensory overload of the metropolis in ways that led others to assume them incapable of any emotion at all? What might this mean for urban designers and others interested in mobilising an ethic of care?

In this chapter, we draw on a qualitative study of 45 autobiographical texts by authors with autism spectrum disorders (ASDs) to examine

Figure 5.1   The metropolitan psyche.
According to Georg Simmel, the metropolitan psyche is shaped by sensory overload. Without a shift in sensory processing that effectively desensitises us to the never-ending turbulence of urban life, Simmel says we would be left feeling completely atomised – an observation that may offer insights on how urban design can better attend to the needs of individuals on the autism spectrum. Image: FreeImages.com/Anna Kountz.

issues at the intersection of design and care.[1] The work of ASD authors challenges the ease with which Simmel's metropolitan typology *naturalises* a specific mode of sensory processing as proper to modernity. As one ASD author writes: 'Most people take the routines of life

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[1] The study on which this chapter is based was funded by the Social Sciences and Humanities Research Council of Canada and draws on English-language ASD autobiographies and edited collections of autobiographical accounts. The publications were identified through academic search engines, by 'snow-balling' from academic research papers and first-hand accounts, and via non-academic literature searches (e.g. Amazon and the New York and London Review of Books). The autobiographical texts were subjected to a sequential process of detailed annotation, manual coding for emergent themes (Pope *et al.* 2007), and ongoing critical discourse analysis (Fairclough 1995) until data saturation was judged to have occurred.

and day-to-day connections for granted. The fact that they can see, hear, smell, touch, and relate to others is "normal". For me, these things are often painfully overwhelming, non-existent, or just confusing' (Lawson 2005: 2). ASD authors commonly describe feeling bombarded by sensory information that is difficult, if not impossible, to process. As we explain more fully below, ASD authors cannot be considered representative of all autistic experience, but they routinely express a common preference for, and describe attempts to recreate, a sensory order based on repetition and sameness (McKean 2001). That these attributes are specific to the mode of sensory processing Simmel regards as peripheral to modernity may help to explain why ASD authors so often write about feeling 'alien' and 'out of place' (e.g. Sacks 1995; Williams 1996; O'Neill 1998; Miller 2003).

Read against the insights – but also the rigidities – of Simmel's definition of the modern psyche, ASD autobiographies raise an interesting set of challenges, both in theory and practice, for mobilising an ethic of care. We understand a robust ethic of care to be informed by both rationalist and relationalist traditions in moral theory (Sander-Staudt, No Date; Denis 2012). The former conceptualises care broadly in terms of abstract, impartial, rule-bound theories premised on individual autonomy in the liberal justice tradition; the latter, associated most notably with feminist scholarship, theorises care in terms of interpersonal experiences and affective relations and tends toward an understanding of disability shaped, at least in part, by social attitudes as opposed to supposed deviations from 'normalcy'.

It is not necessary for our purposes here to rehash the longstanding tensions (e.g. Kohlberg 1981; Gilligan 1982; Larrabee 1993) between the rationalist and relationalist traditions. In practice, urban planning is undeniably influenced by the underlying moral propositions rationalised in law, regulation and public policy. At the same time, specific design strategies exercised within these regulatory parameters have the potential to profoundly enrich the urban experience. Indeed, the realisation of this potential is, as we suggest above, central to any robust ethic of care; and we follow Carol Gilligan (1982) in insisting that approaches to care so understood must attend to how people describe and understand themselves and the world around them – *in and on their own terms*. In the words of ASD author Edgar Schneider (2003: 22): 'Because [non-autistic] people look at the mannerism of the autistic with their own world-view and according to their own values, they often tend to misinterpret what they see'.

Autistic responses to environmental stimuli are still all too frequently judged by the neurotypical majority to be irrational and even 'bizarre' (Tidmarsh and Volkmar 2003: 518). From the perspective of the person on the autism spectrum, however, seemingly inexplicable autistic actions

such as repetitive rocking, hand-flapping, or humming are *perfectly reasonable* assistive strategies, providing a steady rhythm that helps restore order to an otherwise chaotic sensory world: time is metered by habitual action; and space, in turn, is rendered more affectively manageable. As ASD author Donna Williams (1996: 147) explains, such strategies 'can be […] like artificial limbs in place of non-autistic functions that either aren't there or don't work efficiently. Redesigning the built and social environments to accommodate differences in sensory processing is a daunting task. However, in the same way that public policy and civic advocacy have combined to improve accessibility for otherwise-abled populations – including, for example, those with mobility difficulties – there is a growing awareness of the need for 'sensory sensitive' (Grancich 2014: 3) urban spaces to assist those with ASDs and other sensory challenges.

On the one hand, designing more accessible spaces for autistic individuals can be as straightforward as paying attention to what one ASD author describes as 'sensory furniture': 'If you were blind, I'm sure you would also develop a "preference for sameness" for the placement of the furniture, for instance. I don't want the furniture of the sensory stimuli moved around too much either, because it makes it difficult to navigate the social and learning environment in much the same way' (Darius 2002: 35). On the other hand, attending to the needs of sensory sensitive populations (especially in public and semipublic spaces) can face problems that derive from competing understandings of, and appeals for, care. The switch to fluorescent lighting in many institutional settings, for example, adheres to concerns for environmental stewardship. Yet, for individuals on the autism spectrum, fluorescent lighting can be wholly unbearable. As one ASD author explains, the fact that fluorescent lights cycle on and off 60 times per second 'feels like sitting in a room with a strobe light' (Shore 2003: 50).

In what follows, we begin by outlining the methodological and conceptual parameters of the study on which this chapter is based. We then introduce a number of overarching concerns of access and accommodation expressed by ASD authors. First-hand accounts demonstrate how sensorially toxic mainstream space can be for those on the autism spectrum. We consider both global sensory themes, as well as issues related to specific senses: sight, hearing, touch, smell and taste. We use the subsequent discussion and recommendations section to argue that attention should be focused on civilising the sensory and social environments, rather than the bodies and behaviours of those judged to be different, and so seemingly 'out of place'. We conclude with some observations for future research.

5.2 Methodology and meaning

Recent years have witnessed significant growth in awareness about ASDs. This is no doubt linked, at least in part, with the 'explosion of information about autism via the Internet' (Shore 2003: 137), and with the expansion of published accounts of ASDs from various perspectives, including professionals' (Baron-Cohen 2003; Szatmari 2004) and relatives' and carers' (Gray 2002; Iverson 2006; Grinker 2007). This increasing sense of familiarity with autism and its diagnostic cousins (such as Asperger's Syndrome) is advanced further by the many fictional representations in circulation (e.g. Haddon 2004; Waltz 2005). That those off the spectrum are becoming more acquainted with ASDs should in any case be unsurprising given that the disorder's incidence is increasing at a rate variously described as 'exponential' and 'epidemic' (Nash 2002), even if the reasons for this increase are debated (Hansen *et al.* 2015). However, one further, related factor may be less anticipated: the growth of ASD autobiographies (Shore 2003: 137).

Autistic autobiographies are often described as 'astonishing' and 'extraordinary' by professionals and reviewers alike (see dust-jacket reviews for Stillman 2006; Williams 1998), precisely because they confound widely circulating stereotypes of autistics as incommunicative and indifferent to the social world of others. ASD life narratives provide an invaluable, yet under-explored qualitative resource for those interested in understanding 'insider' accounts of autism (Smith 1996; Davidson 2003, 2007a, 2007b, 2008). Not only do such texts present first-hand descriptions but the very communicative and social challenges that typify autism also mean that those with ASDs often prefer to interact with others via the written rather than spoken word. As Donna Williams (1996: 119) explains: 'With written or typed expression one is face to paper, in the company of oneself, not face to face as with speech, in the company of another person'. For individuals with ASDs, being in the company of another – that is, being in physical, visual, or vocal proximity – can be sensorially noxious, which presents obvious challenges for thinking through access and accommodation.

The methodological implications of using autobiographies as primary source materials are discussed at length in several texts (e.g. Smith 1996; Smith and Watson 2001; Avrahami 2007; Davidson 2008). In the case of individuals with ASDs, it must be noted that the authors whose work informs this chapter are not typical of all individuals on the spectrum. This is not an uncontroversial point within autism studies, since not everyone on the spectrum has the same range of expressive options. Elsewhere (Henderson *et al.* 2014) we have considered the problems inherent in the popular tendency to

divide the spectrum into high-functioning and low-functioning groups. These are both pragmatic problems (as individuals who are labelled low-functioning may struggle to secure opportunities for self-expression and independence, while those labelled high-functioning may be denied important support and services) as well as political and ontological (as those who advocate for a cure for individuals labelled low-functioning tend to see autism as a disabling medical condition, while self-advocates, many but not all of whom may be labelled high-functioning, tend to frame autism in terms of unjust social conditions and disabling environments). ASD authors represent their own experience only. Often, however, they do so in ways that compel broader, if non-representative, considerations that shed light on both the opportunities and challenges of advancing a robust ethic of care in urban design.

5.3 Global sensory themes: connections, confusions and pressures to conform

Against Simmel's naturalised account of the neuro-affective order proper to the metropolitan psyche, ASD autobiographies reveal both internal and external stimuli are experienced very atypically by individuals with autism and can have powerful, bewildering effects. Addressing a common theme of sensory confusion or co-mingling, Gerland (2003: 78), for example, explains that in her world: 'A sudden bark, or a dog jumping up at me, made my sensory faculties distort my perception, so that the dog became the size of an elephant and everything solid around me seemed to dissolve away and float'.

Other insider accounts describe the radical uncertainties of ASD sensory experience. Stephen Shore (2003: 47) is among those who write at length about difficulties with senses that can be hyper or hypo, 'in other words, some of the senses are turned up too high and create an overload whereas others receive information from the environment at too low a level to be perceived'. Further illustrating the potential for confusion and problems with sensory integration, E. Antonio Hernandez (2003: 132) refers to an autistic experience of 'super sensitive, dulled, distorted and hyper-perfect senses, all at the same time'. However, for many on the spectrum, Williams (1996: 96) included, senses can often only be accessed or experienced singly, never more than one at a time: 'Most people can use all of their senses simultaneously. When they tune into the meaning of what they are hearing, they still continue to make sense of what they see and feel emotionally and physically.' Williams (1996: 206) is unable to do this, and details the

extensive problems and exclusions this entails for individuals such as herself, who are:

> receptively mono-tracked information processors in a world of majority multi-track processors who often fail to provide forms of education, communication, social activities/networks, occupation and employment most appropriate to this form of information processing.

It is obviously very challenging to function, never mind fit in, when one's own mode of processing the world clashes so violently with the majority of those others with whom space is shared. Often, even when senses shut down, information continues to accrue, but in a manner entirely devoid of sense. Thus (Williams 1996: 131):

> it isn't the sound or picture that goes away, it is the meaning or significance of the sound […] or the picture. […] Systems shutdowns can affect the processing and monitoring of body awareness, touch, taste, smell, vision or hearing and can also affect the ability to process, monitor or access your own thoughts or feelings or connection to action or expression.

The person may continue to be bombarded with sensory information, but has no way to process or access its meaning. Viewed from the inside, what are commonly referred to as the 'symptoms' of autism, including an often fierce rigidity about routines, are simply attempts to cope with a world in constant disorder. ASD authors' sensory challenges are rarely straightforward or even predictable. It is not as though the world simply cannot be seen or otherwise sensed. Rather, it is seen, sensed, and made sense of in other worldly ways, and authors suggest that recognition of such difference would decrease individuals' feelings of alienation (Williams 1996: 280–281):

> To acknowledge these feelings of alienness is to verify a felt reality instead of skirting around it and unintentionally contributing to people feeling invalid or even shamed at feeling an alienness that cannot be denied but is not verified or acknowledged.

The actions of individuals with ASDs may depart from behavioural norms, but authors' accounts suggest harmless repetitious activities of all kinds can create more stable and less frightening sensory contexts, and often involve inner – proprioceptive and vestibular – as well as outer senses. Presumably well-meaning but misunderstanding others often attempt to close down such coping tactics, as when Darius

(2002: 13) is stopped from engaging in consol(idat)ing behaviour during break time by his teacher:

> He told me not to do it and I remember not understanding why I could not bounce, as it was such a reassuring feeling. I had already decided to stop publicly engaging in some of the more clearly autistic 'stimming' behaviours and only did them in my room. This was the last one to go.

Pressure to be 'normal' often entails letting go of assistive strategies specifically designed by the individual for their own specific needs, and this can obviously be counterproductive for wellbeing. Lawson (2005: 1) illustrates such disabling attitudes when she states: 'I have been often treated as if I am either deaf or stupid. I am neither. I simply find the world around me difficult to comprehend'. In Shore's (2003: 50) discussion of the ways in which neurotypical others might begin to understand such painful sensory difference, he suggests 'imagining that one's senses are 1000 times more sensitive than reality'. Further, 'considering each sense individually can assist with organisation of both the issues caused by the sensitivity and the remedies for relief'. While bearing in mind the kinds of sensory connections and confusions outlined above, the following section follows Shore's strategic advice and addresses each sense in turn.

5.4 Coming to our senses: pragmatic considerations

Sight

In discussion of visual challenges, references to a particularly problematic form of lighting recur frequently in ASD autobiographies, namely fluorescents, which tend to dominate public and especially institutional spaces (Figure 5.2). Darius (2002: 18) explains that, faced with 'fluorescent lighting […] my brain simply goes into jelly-mode'. However, while muted lighting can be helpful for some, the effects may not be predictable. For Gerland (2003: 109), 'what made the dark so horrible was that it blinded me, because my eyes never got used to it […and it] made me lose all sense of direction'. It is not just degree and source of light that presents often exhausting visual challenges, however, as Darius (2002: 25) explains: 'Because my visual channel is so disturbed, it needs an enormous amount of energy to have it function at even a basic level'. Moreover, and making sense of his asocially 'strange' habit of talking to himself, Darius (2002: 15) says: 'Visual stimuli simply don't enter my brain in a meaningful way. This was probably the reason why

Figure 5.2 Fluorescent lighting.
Tends to dominate public and especially institutional spaces, but it can present acute sensory challenges for individuals on the autism spectrum. Image: FreeImages.com/ Brian Dimarucot.

I used to talk to myself all the time. I translated everything explicitly into language'. Likewise for Gerland (2003: 65), what she sees does not automatically make sense, and steps have to be taken to manage this visual 'meaning blindness': 'My vision was rather flat, two-dimensional in a way, and this was somehow important to the way I viewed space and people. I seemed to fetch visual impressions from my eyes. Visual impressions did not come to me'. Here, the efforts involved in managing just one aspect of sensory stimuli can make environments feel tiring and uncivil, affects compounded by other senses that (over)work with no effort at all.

Hearing

For some ASD authors, including Darius (2002: 12), aural sensitivities are such that it is possible, indeed unavoidable, to 'hear the hum of electrical apparatus […and] sounds that other people don't even notice are disturbing and even painful to me. I have huge problems filtering out what I want to hear'. Sounds can feel highly invasive and fully embodied, as with Gerland's (2003: 28) description of the disturbance of passing cars: 'They would explode inside me and make me lose all sense of the way my body related to my surroundings. It was like being flung out into space – whoosh – quite without warning. Sometimes I screamed and covered my ears'. When sensitive ears are

bombarded, they struggle to prioritise appropriately, which has led some authors to be accused of selective deafness. Gerland (2003: 94) describes how, in her old stone school building with high ceilings, there was a 'constant murmur', which was 'torment to me, as if eating into my mind. The teacher prattling on was a background to other noises in my ears – the rustle of paper, scraping chairs, coughing. I heard everything. The sounds slid in over each other and merged together'.

Touch

Tactile acuity presents significant daily challenges for many ASD authors, whose oversensitivity is such that even the lightest touch can feel like 'an open wound or getting an electric shock' (Shore 2003: 49). Cowhey (2005: 3) for example explains that 'touch and texture have a profound impact on me' and that this extends to her ability to cope with food. It is the 'feel' as opposed to the taste of food which leads her to mix and mash her meals in a way seen as 'eccentric' and so always discouraged by others. For Gerland (2003: 54), tactile hypersensitivity involves a great fear of jewellery, hairclips and metal buttons: 'they were frightening, detestable and revolting. If I was made to touch jewellery, I felt a sharp, whistling, metallic noise in my ears ["like a note falsely electrified"] and my stomach turned over'. This sensitivity also meant Gerland (2003: 101) was unable to stand the painful feeling of water drops on her skin. She refused to shower, but eventually discovered that baths could be surprisingly pleasant: 'It was necessary to have as much water around me and all over my body as possible for it to be bearable'. As with other senses, preference and tolerance for touch differs among ASD authors, and Barron (in Barron and Barron 2002: 96) could only bathe standing upright under a quick, light shower of water. He 'felt acutely uncomfortable' taking a bath: 'It was the same feeling I used to have when I couldn't stand to touch our rug with my bare feet'. Tactile sensitivity obviously has implications for clothing preference, and Sanders (2004: 36) writes of a furiously intense dislike of restrictive garments, such as belts: he 'never wore them on any pants. I hate ties and refuse to wear them to this day. I think society is really absurd in terms of how picky some people can be, and how some places of business, and even restaurants require them'. He is not alone in making repeated reference to unconventional clothing preferences or practices, and Prince-Hughes (2002: 216–217) states: 'When I speak publicly or at conferences, I must always wear the clothes I will wear to bed the night before and sleep in them to condition them properly'. Touch is often used in ways that enhance such a sense of 'conditioned' familiarity or sameness. Lawson (2005: 109), for example, writes that by

touching 'something with continuity [or] wearing my hat and feeling the definition on my head ["even though it was a summer hat I wore it in the snow"]' she can tolerate change that is 'felt as less powerful' as a result.

Smell

Heightened olfactory ability means that for those like Shore (2003: 19), the presence of perfume can feel like 'taking a deep breath from a Clorox [bleach] bottle'. This presents problems for him at work, and he describes the 'olfactory assault' that leaves him with headaches and watering eyes whenever his scent-wearing colleague arrives in her office on the floor below. Sanders, too, describes life-long problems with painful intolerance of strong odours, and how this became caught up with difficulties at home, particularly in his relationship with his sister. Growing up: 'I would complain and get upset about smells, such as hairspray, or the use of her electric curlers or her hair dryer, and the putrid smells they would make from cooking the hair' (Sanders 2004: 51). This problem persisted through adolescence and impacted on his years in higher education. When he asked his professor not to smoke in the classroom, the professor's unsympathetic response – he thought the professor was going to throw something at him – led to his dropping the class (Sanders 2004: 125).

Taste

In considering taste, experiential connections with other senses are again unavoidable, as the appearance, texture, and smell of foods are significant contributors to ASD authors' problems with eating. Shore (2003: 44), for example, strives to avoid anything remotely resembling the tomato that once responded shockingly to his bite: 'The sensory stimulation of having that small piece of fruit explode in my mouth was too much to bear and I was not going to take any chances of that happening again'. Barron (in Barron and Barron 2002: 96) also describes complex inter-sensory experience that helps make sense of his intolerance for culinary diversity: 'I had a big problem with food. I liked to eat things that were bland and uncomplicated […] I really hated it when food had things mixed with it, like noodles with vegetables or bread with fillings to make sandwiches. I could never, never put any of it in my mouth'. Prince-Hughes (2002: 18) suggests that many autistic people 'are very picky eaters', but this can have consequences more far-reaching than one might at first assume. Sanders (2004: 129–131), for example, thinks that his lunch-time habits may have been one among other 'factors that led to my dismissal [from his job] '; for example,

'taking marinated chicken into the bathroom to wash off the hot sauce. They probably thought that was abnormal'. Pressures to be 'normal' in relation to habits of taste have led to similarly severe problems for others, including several women authors who have been misdiagnosed with anorexia, a disorder more stereotypically 'feminine' than autism (Davidson 2007a).

5.5 Making space for autism: discussion and recommendations

Many ASD authors' recommendations for making environments less sensorially toxic for those on the spectrum could be considered rather intuitive (if not exactly common sense) for designers and others inter-ested in advancing a robust ethic of care. Addressing the neurotypical construction of global sensory contexts, ASD authors suggest that shared sensory furniture can often be redesigned or reorganised, and stimuli muted or toned down to more tolerable levels. This is, in fact, what Daniyel Danica Grancich (2014) recommends in an insightful dissertation that considers ASD-friendly urban design. Such design
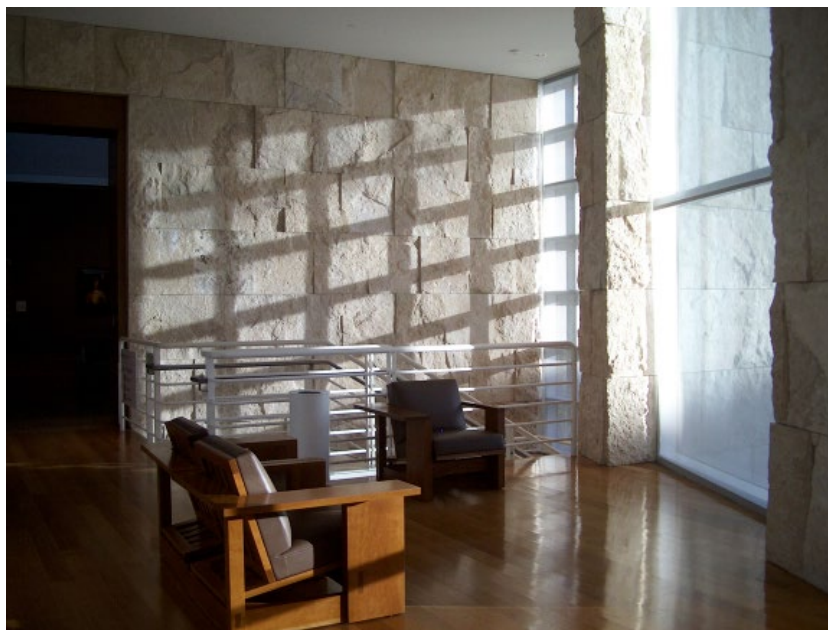
Figure 5.3 Retreat spaces.
New research into ASD-friendly urban design emphasises the importance of retreat spaces featuring clean lines and natural light. Image: FreeImages.com/Kate Pfeil.

emphasises predictability and consistency, offers retreat spaces and areas of wide circulation, harnesses natural light or at least avoids flickering/buzzing lights, and prioritises low noise levels and the use of low-arousal colours (Figure 5.3).

Beyond heightened acceptance that recognises neuro-affective difference, appropriate accommodations require that other bodies (individuals, institutions, and so on) take action to dismantle inaccessible environments. That is to say, it is not sufficient to merely assist or more passively *allow* the person who is challenged to identify, design, construct, and maintain their own means – mechanical or otherwise – of managing disabling space. A responsible, relational approach to accommodating complex sensory impairments takes steps to bring about change. As Shore (2003: 50) explains, imagining how it feels to be autistic 'can help a person to design environmental accommodations for those on the autistic spectrum'. In what follows, we engage in the exercise of (re)imagining space in a way that attends to some of the concerns described by the ASD authors above.

Making sense of visual surroundings can be much easier for individuals on the autism spectrum when extraneous information and visual stimuli are kept to a minimal level. The most tolerable environment might be simply decorated, devoid of complex patterns, though distinctive colours for walls and floors are to be welcomed, as they assist navigation (Williams 1996: 284). The room's inhabitants should avoid making the excessive visual demands associated with sudden movements and expansive body language, not to mention garish or complexly patterned clothes. ASD authors' accounts suggest that these distractions require extra visual 'filtering', and detract energy and attention from the ability to make sense of important visual stimuli, such as whose mouth is moving when speech is heard, and where the stairs or chairs are. If one imagines, as Shore (2003: 50) suggests, one's visual channel 'turned up' to produce the most psychedelic, kaleidoscopic effects, then anything that effectively mutes the intensity of impression will weaken barriers to processing what is seen. Attention to lighting is obviously crucial, and while incandescent lighting can be prohibitively costly, authors' accounts strongly suggest that it should be considered as perhaps the most straightforward way of creating more accessible environments. Lawson is perhaps only half-joking when she states that fluorescent lighting should be banned by law (personal commmunication). Unfortunately, due to policy concerns about incandescent energy inefficiency, the opposite is occurring, and fluorescents are fast becoming the only option. This has serious implications for public access and illustrates one of the many ways in which an ethic of care can pull in competing directions. Williams (1996: 211) recommends experimenting with different coloured and low wattage

light bulbs, and states that using 'lamps that reflect light upwards rather than downwards can create less visual distortion'. Given that 'sunglasses can help some people cope with hypersensitivity […] (including indoors)' (Williams 1996: 211) tolerance of stylistic difference can also be enormously enabling.

Somewhat paradoxically given the visual sensitivities outlined above, and underlining the importance of making informed plans for accommodations in relation and in context, visual acuity can be turned to productive use: Shore (2003: 40) states that rather than focusing on disabilities, it is 'better to work with the person's strengths, which often are visual. Message boards and sign language are often better paths to communication and commonly serve as a bridge to verbal communication'. In fact, Williams (1996: 251) and others (see Nazeer 2006) often prefer to communicate through signing, using diagrams or mediating objects that can be less sensorially exhausting – and easier to turn away from when fatigued – than noise.

For those with hypersensitivity to sound, many of the most useful accommodations are intuitive. However, background noise is often difficult to control in public space. Aural barriers to access cannot all or easily be designed out, and attempts at noise reduction may require creativity and sensitivity on the part of non-autistic others. Given common difficulties separating out relevant sounds, time spent in busy, badly sound-proofed or 'echoey' rooms should obviously be kept to a minimum, but ASD authors also suggest others should be imaginative about what might constitute 'noise' (such as electricity). While some individuals might appreciate the provision of 'ear plugs, headphones or cotton wool [as] sources of self-control', Williams (1996: 210) says that 'slowing down auditory input and cutting down distraction can help a person to process and comprehend that input now it is at a bearable pace'. Social space can be made more accessible when non-autistic others, quite simply, 'speak more calmly, with less intonation, more slowly, concisely and economically, and cut down on any unnecessary background noises' (Williams 1996: 203).

Heightened sense of touch can, somewhat paradoxically (but akin to the use of visual strengths, above) be used to the autistic person's advantage, and help to create assistive strategies. Describing how autistic people 'constantly tap everything', Grandin (1995: 66) notes that 'they may be doing this to figure out where the boundaries are in their environment, like a blind person tapping with a cane'. Williams (1996: 151) also describes a touch-based technique of 'sensory mapping', where the feel of a wall, or of a person, triggers other sensations and memories in a way that helps environments feel more familiar, and thus more easily navigable. With imaginative effort, uncommon senses can become strengths, but unfortunately, Williams (1996: 147) explains,

autistic people are often actively 'trained' out of 'using our senses to map out places, people and objects […] in the ignorant pursuit of non-autistic "normality"'. Grandin (1995: 116) is clearly resistant to the imposition of civilising strategies on autistic bodies, although she explains some are more understandable and accommodating than others. For example, she does not regret being discouraged from one childhood sensory habit she finds embarrassing to recall, that of 'sniffing people, like a dog'.

Given how many of those with ASDs 'are very sensitive to odors', Prince-Hughes (2002: 128) states that those in a position of authority over public space have a responsibility to help make it less toxic. Teachers, for example, should 'ask other students in the class to avoid using cologne and perfume'. Prince-Hughes also advises against using dry-erase markers or industrial cleaners. The removal of such barriers to access are becoming increasingly common in growing numbers of countries as the awareness and incidence of multiple chemical sensitivities increases, leading to the banning of scents from public buildings. In Canada, for example, 'Share the Air' campaigns have resulted in significant increases in publicly accessible scent-free environments, including the majority of hospitals and many university and other workplace settings (Coyle 2004). Such campaigns are similar to those now being adopted in theatres that offer 'sensory friendly' cinema nights (Grancich 2014).

In considering accommodations for individuals relating to taste, imaginative efforts to adopt the perspective of the person on the spectrum are again key. There are, as we have seen, understandable reasons why someone 'will often eat one item almost exclusively', and to accommodate the needs of, for example, college students or office workers with autism, it is obviously 'a good idea for the cafeteria to stock plenty of that item' (Prince-Hughes 2002: 128). To render public eating places accessible for those on the spectrum, 'broad minded approaches to eccentricities around eating are essential'. And, as with clothing and other life choices, simply accepting difference without interrogating it can be a big step toward a robust ethic of care.

5.6 Closing thoughts: on being open to embodiments of autistic sensory difference

There exists a considerable and growing scholarship that attends to physical and social accessibility among groups and individuals variously described as disabled or disordered, impaired or chronically ill, or simply self-identifying as 'different' (Hansen and Philo 2007). To date, however, there has been limited treatment of autism in this regard

(for an exception, see Grancich 2014). As we have seen throughout this chapter, there is considerable variation in experience and opinion among those on the spectrum. Nevertheless, all ASD authors included in this study are to some extent challenged by the need to negotiate the complex sensory geographies of everyday life. In an attempt to advance a robust ethic of care that seeks to grasp the world from something approaching an ASD perspective, this chapter has followed calls for what Williams (1996: 20) terms 'experiences-based approaches [that] try to understand not so much the "appear" of a condition (what it looks like) but the 'be' of a condition (what it feels like)'. We have mainly drawn on the relationalist tradition of moral theory in arguing for a robust ethic of care that acknowledges what Simmel (1969: 5) describes as the completely *atomising* potential of the metropolis. As we have seen, if individuals on the spectrum are given the time and space to communicate what the world feels like for them, and if others are willing to listen, we can go some way towards dismantling barriers to access largely imposed by 'neurotypical ignorance' (Schneider 2003: 12).

Much existing scholarship, activism and design pragmatism seeks to accommodate disability and neuro-affective difference by focusing on the concept of accessibility as *inclusion*. Yet, as ASD author Judy Singer (1999: 67) asks: 'How do you include people who may need the benefits of inclusion, but cannot bear the physical and emotional presence of it?' While some ASD authors insist they have no desire to pass as 'normal' (Gevers 2000), many admittedly seek to lessen the extent of their otherwise overwhelming exclusion by studying the unwritten rules of socio-spatial engagement that seem to be *naturally* available to the neurotypical majority, 'almost by instinct' or even 'magic' (Nazeer 2006: 74). Yet this involves 'unnatural', exhaustive efforts: 'I sometimes get so tired,' says ASD author Gunilla Gerland (2003: 255), 'you have such complicated rules in your world. And all the time I have to think and think and think about them'. While the access afforded by such cognitive and emotional labour is often described as rewarding, for many, it also seems that the work is overwhelmingly, and disappointingly, one-sided.

This, we argue, is where designers stand to play a facilitative role. By listening to what ASD authors have to say – in and on their own, often 'quirky' (Bumiller 2008), terms – designers are uniquely placed to both recognise and eliminate barriers to access. Understanding how the 'sensory furniture' (Darius 2002: 35) of the built and social environments differentially shapes the experiences and abilities of urban populations serves to temper the rigidity of Simmel's claim that there is a mode of sensory processing proper to modernity. By following the lead of scholars who (re)conceptualise disability in social rather than (exclusively) medical terms (Freund 2001; Imrie and Edwards 2007),

designers enact a subtle but important shift from the discourse of inclusion (in which deviations from the norm are accommodated by the mainstream population) to the discourse of mutuality (in which an appreciation of neuro-affective difference is part and parcel of the norm). As ASD author Singer (1999: 67) explains:

> The answer from their/our point of view is that we don't want to be included, we want mutual understanding […] based on what we can do, not on what we can't. Perhaps as the voices of the 'neurologically differ- ent' are heard more loudly, a more ecological view of society will emerge: one that is more relaxed about different styles of being.

Space for genuine difference and diversity is as crucial for those on the autism spectrum as anyone else, and future research is needed to advance the project that ASD authors themselves have begun. However, we want to suggest that the insights of individuals on the autism spectrum simultaneously offer a more general challenge to critical urban theory. Since Simmel began reflecting on the metropoli- tan psyche at the beginning of the last century, scholars have been concerned to explain the connection between feelings of alienation and industrial urbanism. While the idea behind the German dictum '*Stadtluft macht frei*' (City air makes free) is a staple of urban theory – running from Simmel to Jane Jacobs (1961) and beyond – the tendency to see cities as incubators of intellectual, political and economic progress has unfolded alongside nagging but arguably lesser explored questions of how cites are *felt*. Recent studies show mood and anxiety disorders are more prevalent among residents of cities and the inci- dence of schizophrenia is strongly increased among those born and raised in an urban environment (Adli 2011; Lederbogen *et al.* 2011). To that extent, and as Grancich (2014) correctly argues, building and maintaining 'sensory sensitive' urban environments becomes critical, especially as global trends toward urbanisation show no signs of slowing. In this case, Grancich (2014: 3) says:

> ASD-friendly design would be appropriate for people regardless of ASD status (much like the goal of Universal Design), but would have greater success in relieving anxiety, inducing calm, and increasing functionality in individuals with ASD than among neurotypical individuals.

We have argued here that Simmel's work on the metropolitan psyche provides a useful framing device for thinking through concerns advanced by ASD authors. At the same time, the work of these authors urges us to challenge the spatiotemporal tidiness of Simmel's neuro-affective typologies. Against the tendency to naturalise and thus normalise a

mode of sensory processing proper to modernity, we are instead urged to reflect on how the interaction of the social and built environments mediates not only how we see, but also how we feel about, ourselves and others. In the words of ASD author Shore (2003: 180): 'The future for people on the autism spectrum looks promising but much remains to be done'. Learning how better to accommodate neuro-affective diversity, not only for individuals with autism but for all who feel *atomised* by the city, may well be one of the most significant design challenges of our time.

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Chapter Six
Configuring the Caring City: Ownership, Healing, Openness

Charlotte Bates, Rob Imrie and Kim Kullman

6.1 Introduction

In their book, *Body, Memory, and Architecture*, Kent Bloomer and Charles Moore distinguish architecture from any act of construction by arguing for an approach based on caring. As they write, we will care increasingly for our buildings: 'if we actually *inhabit* them, their spaces, taking them as our own in satisfying ways; if we can establish connections in them with what we know and believe and think; if we can share our occupancy with others, our family, our group, or our city; and, importantly, if there is some sense of human drama, of transport, of tension, or of collision of forces, so that the involvement endures' (Bloomer and Moore 1977: 105–106). In this chapter, we develop Bloomer and Moore's concern with the relationship between architecture and care, and their understanding that successful places depend on diverse forms of belonging and inhabitation. We begin from the idea that dwelling in cities is based on acts of caring, when caring is understood not as a commodity to be bought, sold or passively received, but as a dynamic relation between individuals, communities and surroundings (Tronto 1993; Mol 2008). This relation is, we suggest, part of an embodied and practical ethic in which caring is 'to become subject to another, to recognise an obligation to look after another' and the broader human and nonhuman world (Puig de la Bellacasa 2012: 197).

It has been argued that contemporary design is impervious to an ethic of care, with Lynch (1981: 1) outlining a widespread, if caricatured, understanding that 'it is a common feeling that most urban places are less than satisfactory – uncomfortable, ugly, or dull' (also see Papanek 1971; DiSalvo 2012; Yamamoto 2012). The evidence

ranges from the design of streets to facilitate the movement of vehicle traffic at the expense of pedestrians and other forms of mobility, to the placing of steps into both public and private premises that may prevent wheelchair users from ease of access to buildings. The urban environment is often cluttered and confusing to navigate, and is not particularly well sensitised to the variety of capabilities among people. There is also evidence that urban land and property speculation is increasingly privatising public places, and constraining the possibilities for civic interaction and engagement (Minton 2012). Such trends are longstanding and reflect a more fundamental lack of 'social responsibility and attention to value in design' (Papanek 1971: 228), which circumscribes the diversity of cities.

Returning to Bloomer and Moore's sentiment that design and care should be aligned, we ask: how far is it possible to incorporate matters of care into the design and development of places? How may design and care connect to support a more inclusive and collective agenda? How can we move away from the creation of places that 'have been concerned to an extraordinary degree with assuring privacy and security' (Yamamoto 2012: 305) and towards places that evoke 'strong feelings of community and space', which Bloomer and Moore (1977: 131) regard as the basis of a caring city. Helpful in this regard is the question of the 'good city', an essential part of urban thinking through which theorists have sought to establish the spatial characteristics seen as conducive to wellbeing and the cultivation of 'a chain of solidarity out of multiplicity' (Amin 2006: 1013). For Amin (2006: 1013), the good city requires 'a culture of care and regard', from everyday acts of solidarity (Jacobs 1961) to the collective values inscribed into built form (Lynch 1981). Our chapter adds to this work by exploring the role of design in fostering good cities through the creation of places that strengthen relations of care.

The argument that we develop resonates with emerging work in human geography and science and technology studies, which recognises that care is never a purely human phenomenon, because the very materiality of environments necessarily mediates caring relationships and comes to shape what it means to care (Mol *et al.* 2010; Amin 2012; Till 2012). Due to its groundedness in the materiality of place, we argue that caring is *designed* into being, which means that it cannot be reduced, as sometimes is the case, to romantic ideas that imbue care with human closeness and empathy, or that conceive of care as a natural part of human relations. Instead, care needs to be learned and sustained through the configuration of well-designed environments that are crafted from behaviour that follow 'pathways of responsiveness or "reciprocity"' (Noddings 1984: 86). Such an

approach recognises care as a civic practice that is attentive to situated relationships, and characterised by the entanglement of materials, bodies and technologies.

Our chapter juxtaposes three case studies that illustrate different pathways or 'configurations' of care in the design of urban environments, where professional dispositions towards others, both human and nonhuman, revolve around an understanding that architects have a responsibility for, and towards, how they craft materials and their impacts. In each instance, the contextual nature of caring design, and the different ways in which architects articulate an ethic of care in making others' concerns their own, is apparent. In analysing our cases, we employ the notion of configuration as a 'methodological device' (Suchman 2012: 53) to direct attention towards the ways in which design brings a variety of human and nonhuman materials together, configuring them so as to generate specific effects. The notion of configuration is consistent with our understanding of care, which we regard as an emplaced practice that attends to the relations composing the common world. Configuration, through its open-endedness, also cautions against normative, a priori, understandings of the good city that may otherwise fail to recognise the diverse ways in which caring design may be crafted and construed.

The case studies express different, albeit related, ways of configuring caring urban environments.[1] In the first, an open space designed by landscape architects Gustafson Porter, we explore how design can invite the public to cultivate caring relations through a sense of communal *ownership*. Set against an urban landscape of increasing privatisation, communal ownership suggests a different kind of appropriation, through which personal attachments to place contribute to the success of public space. The second case, a hospital garden designed by landscape architects Yoshisuke Miyake and Fusayo Asano, considers *healing* and its transformative potential as a characteristic of caring spaces. Mediating between the institutionalised environment of the hospital and the surrounding city, the garden illustrates how a public space can offer people material resources to negotiate their bodily exposure and relationship to each other and thereby engage in a collaborative process of healing. Our third case, community housing designed by the Japanese architect Riken Yamamoto, demonstrates how caring design can engender social and spatial *openness* to the manifold possibilities that daily inhabitation offers for agency and association. Here, openness invites residents to create and craft spaces

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[1] The researchers and authors of the respective cases were Charlotte Bates (Ownership), Kim Kullman (Healing) and Rob Imrie (Openness).

left incomplete by the architect, and to lead their lives, if they so wish, as part of a collective or co-presence.

Each term – ownership, healing and openness – derives from the architects' own ways of speaking, and the respective cases highlight how they conceive their work as ethical and political projects that, in their different ways, challenge what Amin (2006: 1013) describes as a dominant tendency in urbanisation, 'disregard, intolerance and self-interest'. Our architects express a sense of what a better city is or could be, and how urban environments may be improved in ways that enhance collective ways of living. The data we discuss were generated as part of a European Research Council (ERC) Advanced Investigators grant awarded for a project entitled 'Universalism, universal design and equitable access to the designed environment'.[2] The grant enabled us to explore how architects and designers foster social inclusion, as well as how they understand the ethical and political potential of their practices. The three cases are based on interviews with lead architects, combined with site visits and collection of documentary materials, including photographs, drawings, plans and texts.

6.2 Ownership

Swiss Cottage Open Space is a small park in an affluent suburban locale of North London. It was designed for the Borough of Camden by Gustafson Porter, an international landscape design practice run by Katherine Gustafson, Neil Porter, Mary Bowman and Sibylla Hartel. Originally the grounds of a hospital, the park has been a public space since the early 1960s. By the 1990s it had deteriorated to a poor state, and was disconnected, covered in graffiti, unattractive and unsafe (Carmona and Wunderlich 2012: 175). It then became one aspect of an £85 million local authority-led regeneration scheme that has also included the refurbishment of the public central library and a new leisure centre, 42 units of affordable housing, 131 units of private housing, a sheltered housing scheme for older people, the new Hampstead Theatre, a new community centre, doctor's surgery and Swiss Cottage Market. This means that the space has a broad range of communities to serve. Nestled within the mix of buildings, the park consists of a sculpted green, a central water feature, a sunken sports pitch clad in reclaimed Portland stone salvaged from the old 1960s leisure centre façade, and a small children's playground (Figure 6.1).

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[2] For further information about the ERC project, visit http://universalisingdesign.info (accessed 29 April 2016).

Figure 6.1 Swiss Cottage Open Space. Image: London Borough of Camden. Reproduced by permission of Gustafson Porter.

Completed in 2006, we consider the site as a living example within which to explore how architects and the public can together cultivate care through communal *ownership*. As Gustafson Porter affirm, 'We make landscapes to be experienced, owned and loved' (Gustafson Porter website). A sense of communal ownership is central to both the original design and to the ongoing life of the park, and it is configured through a range of active forms of belonging and subtle materialities that make the park habitable, attractive, artful and engaging. We draw

on Jacobs' (1961) point that communal ownership over public space is crucial to both the success of a neighbourhood and to the smooth, safe functioning of the city. More specifically, we suggest that the sense of communal ownership at Swiss Cottage Open Space is a form of domestication. While, as Koch and Latham note, the term domestication 'is often used by critical urban scholars as a shorthand to evoke concerns related to public space, particularly those of privatisation and commercialisation' (Koch and Latham 2013: 7), Swiss Cottage Open Space allows for a different kind of domestication, by cultivating qualities such as 'a sense of trust, comfort or amenity that might invite multiple publics to inhabit them' (Koch and Latham 2013: 9), thereby creating a space that invites care.

From its inception, Swiss Cottage Open Space has engaged the community with a series of public consultation events feeding into the selection of Gustafson Porter and their competition design. Once appointed to the project, Gustafson Porter continued to work with the many different communities that surround the site – from the people living in social housing, to the elderly occupants of the sheltered housing scheme, to the inhabitants of luxury villas – through a process of consultation. Spending time with the local residents and listening to their needs is an integral aspect of the practice's design methodology, and as Gustafson Porter recognise, working with communities is fundamental to introducing a sense of ownership to public space. Here, we focus on some of the material design gestures that perform the ongoing work of instilling this sense of ownership.

Gustafson Porter are specialists in water features, and are famous for creating the Diana, Princess of Wales Memorial Fountain in Hyde Park, London, so it is unsurprising that the most striking aspect of Swiss Cottage Open Space is a water feature. Fifteen metre-long jets cast arching streams of spray over a rectangular basin in the centre of the park, inviting visitors to take their shoes off and children to dart about. In winter, the water is drained, attracting skateboarders to the basin. Play and drama befit this recreational and cultural space, but there are also numerous opportunities for sitting, watching and relaxing. Grassy banks wrap around the water feature, embracing it and creating a sensual landform that sculpturally defines the space. These banks provide a natural amphitheatre for the Theatre's performances to spill out onto, and for outdoor Library poetry readings for parents and children. In providing a series of spaces for multiple publics to inhabit in different ways the park creates the conditions for the circulation of bodies with relational possibilities (Amin 2008), inviting convivial forms of sociality and a sense of communal ownership through inhabitation.

But beyond these unmistakable features there are other, smaller design details that do the subtle work of cultivating a more intimate

sense of ownership. The planting, for example, includes a rich scheme of herbaceous perennials, clipped box hedging, and roses, carefully selected to give the feeling of a private garden (Figure 6.2). As Sibylla Hartel explained:

> It was important that the space would have the feeling of a garden, because it was really important for us that people would feel some ownership towards it. So we didn't want to go for the bog standard shrub planting, we wanted to use plants that people know from their gardens, and had some sort of personal attachments towards, so we used quite a lot of roses along Winchester Road, and hydrangeas and so on.
>
> (Interview, 2015)

Figure 6.2 Planting at Swiss Cottage Open Space is carefully selected to give the feeling of a private garden. Image: Gustafson Porter. Reproduced by permission of Gustafson Porter.

This appeal to the private domain of the domestic garden and its personal attachments is designed to 'satisfy all the senses of the body and nurture the memory as well' (Bloomer and Moore 1977: 131), and while such an archetypically English garden may not resonate with the diverse communities that the park serves, it does offer an alternative solution to the lack of personal outdoor space available in the city. For many people who do not have access to private gardens, not least the elderly residents of the nearby sheltered housing scheme who have left their own homes and gardens for the benefits of assisted living, parks like Swiss Cottage Open Space provide an opportunity to dwell outdoors.

Other design gestures intended to cultivate an intimate sense of ownership originally included bespoke oak benches, positioned in secluded pockets along the walkways so that people could stop to rest, relax and enjoy the planting and the park. The benches have since been removed following complaints from the elderly residents of the sheltered housing scheme, who were disturbed by people gathering and creating noise late into the night. The absence of publicly provided seating is noticeable, with the pockets looking oddly bereft. However, benches are increasingly associated with attracting 'antisocial behaviour' and have begun to be removed from many city spaces, or else made deliberately uncomfortable to disuade their use (Bynon and Rishbeth 2015). In this instance, the tension between who and what public benches are for shows how caring design can be disrupted by what might also be considered as forms of care.

As Jacobs (1961: 117) powerfully argued, parks are not automatically community anchors and 'people do not use city open space just because it is there and because city planners or designers wish they would'. According to Jacobs (1961: 135), there are four elements that contribute to the use, and therefore success, of urban parks. These are: intricacy – the eye-level experience of the space as well as the variety of reasons for which people visit; centering – the presence of a pausing point or climax; sun – and in summer, shade; and enclosure – the surrounds that make the park an important event in the city scene. Swiss Cottage Open Space encompasses all these elements. The surrounding buildings produce a mixture of users, who enter and leave the park at different times of the day, the water feature centres the space, and the site is both sunny and enclosed. It is a space for minor activities, such as reading, sunbathing and eating lunch, as well as planned and impromptu community events, including performances and readings. As Jacobs (1961: 128) wrote: 'Like all neighborhood parks, it is the creature of its surroundings *and of the way its surroundings generate mutual support from diverse uses, or fail to generate such support*'.

More specifically, we suggest that the sense of communal ownership at Swiss Cottage Open Space can be understood as an example of what Koch and Latham (2013) describe as the domestication of public space. As Koch and Latham (2013: 7) state: 'Rather than understanding the domestic as existing in opposition to public life, and viewing domestication as corrosive of it, we want to use the concept to think more carefully about the qualities that enable spaces to become collectively inhabited'. Here, we draw on Koch and Latham's (2013: 14) notion of the domestication of public space to move beyond conceptualisations of 'public' and 'private' that pose them as distinct opposites. This is not to suggest that public and private spaces are, or should be, the same, but to recognise that urban design and inhabitation 'smudge' the distinction between the two (Sennett 2008). As Koch and Latham (2013: 14) observe:

> Much of what goes on within public space is in fact privately directed – it is about people getting from A to B, shopping, eating, relaxing, meeting friends and so on. The public quality of these activities arises out of the degree to which they involve some sort of orientation towards, involvement with, perhaps even responsibility for, the others with whom one collectively inhabits space. When public spaces work well, these relationships are inclusive, convivial and democratic. In short, they are shared.

In the example of Swiss Cottage Open Space, these qualities and activities include the playful features and sculpted landforms that sensually invite inhabitation, lounging, watching, playing, performing and eating, as well as design gestures such as domestic planting, which appeals to the senses and to a collective memory. Together, these acts and materialities bring the public and the personal together in space. By intending the park to feel homely, Gustafson Porter have invited visitors to feel like it belongs to them. This sense of communal ownership is designed to create spontaneous and sustained attachments, and thus ensure the space's ongoing success. Finally, while 'it is too heroic a leap to assume that making a city's public spaces more vibrant and inclusive will improve urban democracy' (Amin 2008: 7), we use this example to suggest with Amin (2008: 8) that the materiality of space is 'part and parcel of the urban "social"' and requires our attention if we wish to understand its influence on our modes of being together.

6.3 Healing

Healing, our second configuration of care, is the organising principle of the 5000 m^2 Kansai Rosai Hospital Garden in Osaka, Japan. Surrounded by an acute care hospital, mixed housing and commercial

properties, the garden was completed in 2004 after designs by Yoshisuke Miyake, a landscape architect, and his partner Fusayo Asano, a professor in horticultural therapy (see Asano *et al*. 2008). Miyake and Asano have collaborated on several projects, including the 1997 redesign of Oizumi Park in Osaka and the Toya Paoh Sensory Park in Singapore, which opened in 2009. Most of their projects are variations on the concept of the sensory garden, which is widely used to describe green spaces that, through a specific arrangement of materials, lay-outs and plantings, provide a multisensory experience (sight, sound, touch, smell and taste) for pedagogical, recreational and therapeutic purposes. Instead of the concept of sensory garden, however, Miyake and Asano prefer the notion of healing garden for reasons that will soon become apparent. One definition of the healing garden is provided by Souter-Brown (2015: 7), who argues that these spaces are:

> designed to enhance mental and physical health as places to meditate, to sit quietly and chat with friends or to just relax and get away from it all. […] they are calming and peaceful garden settings where young and old can escape and emotionally revitalise. […] By spending time in a healing garden visitors are healed in a passive way, through sensing nature.

For Miyake and Asano, this description would appear problematic, because it is couched in a language that romanticises the healing garden and assumes that, when entering such a space, 'visitors are healed in a passive way' (Souter-Brown 2015: 7). While the Kansai Rosai Garden offers moments of calm and respite, it also foregrounds the collective character of healing by inviting visitors to explore new ways of relating to the world. A place where people spend time before, during and after hospital visits, the garden is shaping their movements, and hence their sense of self and the environment, as they pass from the surrounding city into the building and back again. Whether it is someone trying out a wheelchair for the first time, or bereaved fami-lies seeking to come to terms with their loss, the garden allows visitors not only to sense nature, as Souter-Brown (2015: 7) suggests, but also, as Miyake and Asano argue, to reflect on the relationships that consti-tute their everyday lives (Asano *et al*. 2008). This configuration of care, which we term healing after Miyake and Asano, is realised in several interrelated ways through the garden design and has wider implica-tions for our argument about the crafting of caring urban spaces.

The primary function of the garden is to encourage patients to momentarily leave the hospital and enter the outside world. The garden is designed so that visitors can negotiate this transition by managing the degree of their exposure to the environment. Covered benches shield people from the wind and the rain, while canopies over

Figure 6.3   The Kansai Rosai Garden. Leafy canopies with walkways shaded from the sun. Image: Kim Kullman.

the walkways and leafy Zelkova trees offer protection from the sun (Figure 6.3). Likewise, to keep the traffic noise at bay, the garden has been placed below street level and surrounded by a wall, which is still low enough for passers-by to see inside. There is also a gate facing the street on the east side of the garden, offering patients visual access to the everyday urban environment. Another feature that allows visitors to vary their experiences of seclusion and openness, separation and relatedness, is the seating, which has been arranged in various ways – for instance, placed inside lush greenery to allow for a sense of privacy. It is important, Asano and Miyake argue, to provide patients with spaces 'for spending time alone or with family and friends out of sight of other people' (Asano *et al.* 2008: 22). Such environments are particularly rare in Japanese hospitals, where most patients stay in rooms of four to six people (ibid.). Equally, there is seating placed side by side but separated by low walls to create a semi-public atmosphere, or seating by walkways to stimulate encounters and interactions among people. The reason for this is that healing, for Asano and Miyake, happens in collective formations of one or another sort. As Mol (2008: 57–62) argues, care is primarily a collaborative endeavour, where persons, often faced with a life-altering situation, need to rearrange, usually together with others, their emotional, social and material relations to facilitate healing. Care 'does not start with individuals but with collectives. A variety of them' (Mol 2008: 58). The Kansai

Rosai Garden seeks to make this process as smooth as possible by enabling patients to reassess and test the precarious relations that tie them to the world in a stepwise manner.

At the same time, and much like other healing gardens, Kansai Rosai addresses the visitors as multisensory and differently mobile bodies. Conventional examples are the various water features and plantings, which have been placed at different heights, so that anyone can reach them, from children to wheelchair users. The colouring of plants is also an important means of engaging the senses, because, Miyake tellingly argues, 'in the hospital, everything you see is the white ceiling' (Interview, 2014) and therefore the garden contains a wide range of plants to ensure that it is visually stimulating throughout the year. However, while romanticised accounts of healing gardens as 'calming' and 'peaceful' tend to assume that these spaces allow people to reconnect with their true selves, the Kansai Rosai Garden suggests that healing does not always entail 'becoming the individual you are' (Mol 2008: 60), but acquiring new capabilities to act in the world. Many patients find themselves in circumstances, where their bodily agency has transformed drastically, forcing them to adopt new forms of mobility. The garden takes these shifts in agency into account not only by facilitating ease of movement, but also by gently inviting patients to use their bodies in alternative ways. This is demonstrated by a set of five bridges – one of which has stairs, two are flat and two have a gradient – together allowing patients to train balance and muscles by varying the degree of resistance as they cross (Figure 6.4). There are also different paths and slopes as well as curb cuts that enable patients to practise their wheelchair handling skills in preparation for daily urban mobility (see Asano *et al*. 2008). Once again, these features illustrate that the healing garden mediates between the hospital and the surrounding environment by encouraging patients to readjust their bodies to the city.

Miyake and Asano also suggest that caring environments have to be supported by attentive practices of maintenance. In Kansai Rosai, volunteers from the surrounding communities are involved in sustaining the caring relations that proliferate among visitors. Asano explains, here freely interpreted by Miyake, that 'the hospital and the garden, they need a person to integrate' (Interview, 2014), a role taken on by volunteers, all of whom have been trained over several months to care for humans and nonhumans alike, ranging from weeding and watering to pushing wheelchairs and guiding visually impaired persons. This intermingling of care for the plants and care for the patients demonstrates that healing is indeed a collaborative practice, where people and environments become entangled in new, potentially more

Figure 6.4   The Kansai Rosai Garden. Bridges with different gradients that encourage people to exercise. Image: Kim Kullman.

productive ways. Patients are also invited to tend to plants and create flower arrangements with the assistance of the volunteers and a horticultural therapist. Apart from getting an opportunity to socialise with others and engage in mild exercise, gardening practices enable new relationships to emerge between the hospital and the outside world. For example, the volunteers bring the nearby urban communities closer to the patients, whereas the patients take parts of the garden with them into the hospital in the shape of plants and flower arrangements, thereby enlivening the institutionalised environment. Through these mobilities, overlaps are created and strengthened among the hospital, the garden and the city, bringing out the collective character of care and reminding us that healing needs to be sustained through ongoing, collaborative cultivation.

Taken together, the various features of the healing garden by Miyake and Asano illuminate different ways of designing care into urban spaces more widely. As a configuration, the Kansai Rosai Garden constitutes 'an open-ended horizon of socio-material arrangements' (Suchman 2012: 58), including spatial devices for patients to manage their exposure to others and sudden shifts in their embodied agency. Due to the adaptability of its design, the garden demonstrates that it is possible to create environments that are inclusive and challenging in equal measure, allowing people easy access but also stimulating them to engage with the world in new ways. For Miyake

and Asano, spaces imbued with too much comfort and cosiness will not activate bodies enough to enable a healing process. At the same time, the hospital garden illustrates that civic engagement can be enriched by spatial arrangements that allow people to vary their experiences of openness and closure, separation and relatedness to the world and therefore to experiment with alternative ways of attaching to others and sustaining those attachments. Finally, Miyake and Asano point to the importance of skilled maintenance for caring urban environments. Care, after all, is an ethical practice, which does not emerge automatically but over time through a collective learning process.

6.4 Openness

Riken Yamamoto is a Japanese architect committed to the design of environments that enhance people's interactions with one another, and the crafting of domestic spaces that, while providing places for privacy, encourage the sharing of facilities, such as kitchens and meeting rooms. Yamamoto's (2012: 239) projects include residential developments in South Korea, Japan and China, and incorporate design that brings the outside world into 'a close relationship to the house'. This expresses a fundamental principle of Yamamoto's architecture, that is, the shaping of places that 'open out' by providing residents with the means to influence the detailed elements of the design process, and to create environs that enable communal activities. For Yamamoto, many designed environments are the epitome of values and practices that reduce the scope for sociality, by closing off spaces and crafting borders and boundaries that inhibit people's capacities for interactions with one another. Such inhibitions reflect the constraints of architectural spaces as imposed, or what Yamamoto (2012: 17) describes as the (re) production of mono-functional places that 'cut and divide'.

Yamamoto (2012: 10) regards much of the modern city as a series of closed spaces, characterised by 'a security net and subdivided by privacy', with architects and building professionals implicated in making places that do not 'value the right to be seen and heard' (Yamamoto 2012: 271). This is typified by standardised, volume housing comprising compartmentalised, functional spaces catering for nuclear families living in closed off, privatised environments, described by Yamamoto (2012: 9) as 'quarantine facilities', or the antithesis of life, devoid of a public or collective presence. This observation reflects Merrifield's (2012) understanding that the city is characterised by separation and segregation, shaped by design ideas that elevate private spaces, and

modes of habitation, over public spaces, in which, for Yamamoto (2012: 305), 'architecture and city planning officials do not think about people helping one another'. Instead, Yamamoto conceives of much of the city as people existing behind closed doors, distant from each other, and living in dead spaces or environs that do not encourage public sociability.

The challenge, for Yamamoto and others, is crafting an alternative urbanism that encourages much more encounter and assembly, engagement, and collective presence (also, see Lefebvre, 1991). This is suggestive of a third configuration of care we wish to discuss, relating to openness and the capacity of architects and other design professionals to resist what Sennett (2006: 1) describes as the 'over determination' of a city's 'visual form and social functions'. Rather, the open city is comprised of places where people can gather and engage in discretionary, non-prescribed activities, what Lynch (1965: 402) otherwise refers to 'as places where people can make something of their own'. It is without barriers or walls and objects that inhibit people's movements, and design is porous 'so that it has a sociable effect' (Sennett 2006: 3). The open city is never complete and it enables its inhabitants to shape and transform its design as their needs change. There is plasticity to openness that is responsive to the contingent, often unforeseen, elements and events.

Such ideas underpin Yamamoto's (2012) conception of the 'local community', or the design of dwellings and domestic settings to encourage social interaction and co-presence. For Yamamoto (2013: 9), caring spaces enable people to be part of a collective, in which 'things and equipment that are for the exclusive use of individuals are reduced as much as possible; using shared facilities, people live lives free of encumbrances'. The objective is, as Yamamoto said, 'to dismantle the physical and metaphorical barriers' crafted by privatised architecture and instead, 'rather than thinking about privacy, my idea is how can I make people connect up and make relationships so that they can help each other' (Interview, 2014). Yamamoto's design of multifunctional housing, in the Gangnam district of Seoul, South Korea, is an illustration. It is responding to the needs of an ageing and elderly population, and the phenomenon of 'solitary deaths' in which 'people dying alone and uncared for in their homes has become a problem' (Yamamoto 2012: 277). A solution, for Yamamoto, is opening up domestic design so that units are not 'sealed off'; rather, as in Gangnam, common areas are created, including shared kitchens, small libraries, and day care centres (Figure 6.5).

Communalism is central to Yamamoto's understanding of habitable space, including the construction of front doors to private dwellings that are overlooked by other residents and made from transparent

Figure 6.5 At an apartment in Gangnam the interior is open to an outside public corridor. Image: Sun Numgoong. Reproduced by permission of Riken Yamamoto.

glass. Motosoja Housing in Gunma was constructed in 2012 and it opens up dwellings to communal areas so that 'residents can come into contact with one another' (Yamamoto 2012: 277). Buildings are outward facing and dwellings are accessed through a public garden; residents are encouraged to grow vegetables there and it is a natural meeting place. Opening up domestic space is also evident in Pangyo Housing in Seongnam, South Korea where clusters of 100 low-rise houses are connected by glazed common decking and entrance halls (see Figure 6.6). As Yamamoto notes, the glass makes the common ways 'very transparent' and on visits to the completed scheme he observes that 'people gather and have been changing the space into a place where you can have a cup of tea or hold a workshop' (Interview, 2014). The architecture is the antithesis of 'locked down' neighbourhoods, or environs that seek to keep people at a distance.

Yamamoto regards design as a political process in which a caring approach is contesting formulaic, imposed architecture. As he said, 'within a neo-liberalism environment…when we design we want to deny that, and I think we can suggest there is a totally different way of living in a space' (Interview, 2014). The local community is Yamamoto's expression of this, and it is premised on encouraging a multiplicity of people, objects, values and social interactions. This resonates with Yamamoto's sense of a caring architecture in which an objective is to enable the unpredictable to flourish, and to let life breathe by the

Figure 6.6   Transparent walls at Pangyo housing. Image: Koichi Satake. Reproduced by permission of Riken Yamamoto.

architect, and other professionals, decentring their control of the design process so that 'people can be free to create their own spaces' (Interview, 2014). This is to reject design as an instrumental tool or means to predict and control behaviour. For Yamamoto (2012: 9), instead of promoting a social stasis based on patterns of replication, reflection or reproduction, a caring approach to design is premised on encouraging human and nonhuman agency to flourish, when designers refuse to 'fix what is the object and what is the subject in advance'.

Other designs by Yamamoto enable people to transform their dwelling circumstances by the incompleteness of the architecture. Sennett (2006: 3) regards incomplete form as an essential part of an open architecture by providing flexible and demountable, moveable objects that enable people to reconfigure spaces easily as their needs or tastes change. The principle is illustrated by Pangyo Housing, with Yamamoto describing its flexibility: 'there's a partition here and you can move it to here, so that you can use the same space in this way…or you can move it another way so it makes a very large room…you can use the space for work, in this case it will be a small office, and then a bedroom' (Interview, 2014). The common areas are free for occupants to use, and Yamamoto (2012: 261) notes that 'some may use it as a place for pastimes, others may use it for work'. The same principle is evident in Shinonome Canal Court, a collective housing scheme of 2000 units that Yamamoto (2012: 181) describes as 'small office, home office'.

The units enable work and home to be conjoined to promote changes 'from a lifestyle that has hitherto placed value only in privacy' (Yamamoto 2012: 181).

The flexibility that inheres to such design may enable designers to be sensitive to the impermanence of human habitation. For Yamamoto, sensitivity to people's occupation of space entails designing places that challenge stasis, or the pre-setting of form that does not permit inhabitants' ease of transforming space as needs or desires change. A caring design respects the flux and fluidity of socio-cultural relations, and 'open architecture' incorporates the rhythms of temporality or, as Yamamoto said, 'we need to take into account the notion of time' (Interview, 2014). For Yamamoto, an ethic of care also recognises the fragile interrelationships between people, places and design and, as he notes, 'when you talk about caring…you have to think about who lives around and what the environment is, and the benefits they [the client] get from the development should benefit the people around as well, and the whole city' (Interview, 2014). To care is to think 'beyond the edges' in which the building is conceived not as a discrete, independent, entity, but as part of the urban ecology, or, as Yamamoto notes, 'if you don't make an architecture that can contribute to the people who live around, I don't think the city can develop in a good way' (Interview, 2014).

Here, an ethic of care is premised not only on designing and constructing a building, but assuring it does not disrupt nor undermine its surroundings. This reflects an eco-ethical commitment that conceives of architecture as 'not simply itself' but as an artefact that is 'central to the creation of the world' (Yamamoto 2012: 23). Neither human nor nonhuman exists independently from the design, and the designing, of space. For lives to be led 'as well as possible', and for things to be repaired, maintained and functioning, an ethical-political commitment, that seeks to challenge the hierarchies of the design and construction process, is paramount. This idea is core to Yamamoto's (2012: 272) work, in which he sees the design professions as an 'exclusive, sectarian, system', exerting a professional stranglehold that 'does not permit any criticism from without'. A prognosis, for Yamamoto (2012: 15), is to rescue architecture from its subservience to bureau-managerial processes, or the mentalities that the production of space is the design of standardised facilities that 'are merely to be made functional'.

Openness, then, is about enabling diverse views and voices to shape design, foremost by dismantling its bureau-managerial nature and subjecting it to an agnostic politics that rejects repression of collectivity and individuality, and denial of the situatedness of people's lives. For Yamamoto, repression includes the objectification of

inhabitants of space, otherwise categorised in nebulous terms as 'users' in which 'personality and individuality are not valued' (Interview, 2014). This reflects Lefebvre's (1991: 365) observations about 'the silence of the users' in which the subjective, situated nature of people is rarely present or acknowledged in architectural schema and process. Rather, the user is dehumanised, or the projection of what Yamamoto (2012: 271) describes as 'an image of inhabitants conceived unilaterally from the perspective of our concept of architecture'. This concept is the valuing of form and aesthetic apparel and, as Yamamoto (2012: 271) observes, shaped by professionals' concern with 'the width of a column, the thickness of a wall, or the degree of transparency'.

6.5 Conclusion

The ideas and practices embedded in our three case studies are illustrative of a political and cultural critique of development and design practice, and the apparent indifference of developers, architects and other design professionals to the impacts of contemporary regeneration on sociability and people's wellbeing and inclusion in urban society. The cases draw attention to the ethical and political nature of design interventions in urban space, and join with those who call for city spaces to be open and inclusive, and in Amin's (2006: 1009) terms, propagate 'an urban ethic as an ever widening habit of solidarity'. The collective and public contexts of sociability are emphasised in each case by providing spaces that can enable people to reach out beyond themselves, and be part of what Till (2012: 8) describes as 'active forms of belonging'. The ethos of belonging is a challenge to the social closures of privatisation and the colonisation of space by corporate organisations, and here the cases highlight alternatives: the importance of being open to possibility, differentiation and multiplication; challenging the distinction between private and public by creating opportunities for seclusion and openness, separation and relatedness; and, reaching 'beyond the edges', so that the specificity of a place enters into a reciprocal relationship with the surrounding urban environment.

In each example, people are encouraged to come together in productive ways, and to be part of a public presence while, simultaneously, having opportunities to retreat into a private space, or to carve out ways of shaping the environment conducive to them. At Swiss Cottage Open Space, there are intimate places of collective gathering, with possibilities for spontaneity and performance that represent a challenge to the prevalent orthodoxy of privately owned

public spaces based on surveillance, control and inactivity. In the Kansai Rosai Garden, patients can escape the confines of the hospital and find a place of refuge and repose that also enables people, if they choose, to intermingle with each other. This is not dissimilar to the housing designed by Riken Yamamoto in which the notions of 'inside' and 'outside' are paramount, or the understanding that caring spaces enable connections to be made; in this instance, between the private context of the home and the public, collective surroundings that are a constitutive element of Yamamoto's design schema for residential areas.

The respective cases offer alternative narratives of place to those advanced by property-led development and design, although they are not necessarily blueprints for caring design or without problems. Each case exists in dynamic and fragile contexts that require constant, ongoing work relating to maintenance, repair and redesign, and with uncertainty about the future. At Swiss Cottage Open Space, the maintenance of the material infrastructure and the quality of planting is dependent on the council, in a context where government budgets are subject to cuts as part of broader austerity measures in the UK. In Kansai Rosai Garden, there are eight distinctive planting areas that constitute a complexity of interlocking zones, and their maintenance depends on volunteers caring for them; this care cannot be guaranteed nor its longevity assumed. Yamamoto's ideal for flexible dwellings, connecting the private and public spaces of residential areas to foster collective presence, is subject to how far clients will understand and respond to his visions of caring places. In each instance, there is need for care, as a disposition towards design, to be part of ongoing argumentation, or the understanding that caring approaches to the city cannot emerge without 'political design', or 'a condition of ongoing contest between forces and ideals' (DiSalvo 2012: 8).

Acknowledgements

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Chapter Seven
'Looking after Things': Caring for Sites of Trauma in Post-Earthquake Christchurch, New Zealand

Jacky Bowring

7.1 Introduction

Sites of trauma raise profound questions about design and care in urban settings. Design is often viewed as a means of 'enhancing' the qualities of urban space, yet for sites infused with difficult memories, normal expectations of design may be inappropriate. There are aspects of care which are crucial for any designed environment, such as the need to be inclusive, ensuring accessibility and safety for all those who visit the site. Beyond these tangible dimensions of physical access, there are less tangible dimensions such as the care of the memories of the dead, and the wellbeing of the sites themselves in terms of their place within the urban fabric.

Bound up in the needs for solace and remembering in a post-disaster situation is an often complex array of decisions over the protection and care of sites of trauma. Emotional needs to have the sites demonstrably cared for, as a means of signalling concern for those impacted by the events, can be in tension with the expediency required by the authorities responsible for the site. At the same time as the feelings that gather around sites of trauma are being worked through, there are many competing pressures on the urban fabric, including economic and logistical demands. Added to this are the presumptions about the appearance of the urban fabric, which can be coloured by prevailing expectations of tidiness and beauty. Sites of trauma are often places of ruins and the accumulation of mementoes, which can be perceived as 'messy' and at odds with the surrounding context.

The emotional topography of sites of trauma is many layered. A site's melancholy aura can rub up against other emotions, especially those seen as 'positive' in contemporary culture. A misrepresentation of care can be the imperative for people to 'get over it' and 'move on', whereas a more authentic caring would be to make space for sadness and to recognise it as much a part of wellbeing as happiness. Melancholy's place in experiencing the world has tended to be suppressed, and recognising it as a critical component of mental health is an important contribution to conceptions of care (Bowring 2008: 2013).

The complexity of emotions is intensified where the trauma of the initial event is prolonged through ongoing political issues, and processes of recovery are delayed. This chapter focuses on Christchurch, New Zealand, and the impacts of the devastating earthquake in 2011 in Christchurch which caused 185 deaths and the loss of 80% of the urban fabric of the central business district. The events of the Christchurch earthquakes have been documented in many ways, as the situation of a reasonably prosperous city thrust into chaos and loss has been observed via a multitude of lenses. Films, documentaries and books explore the physical and social dimensions of the earthquakes' impacts.[1] The ongoing aftershocks, numbering over 10 000, led to major health problems surrounding stress and anxiety, with record numbers of prescriptions for depression being written out in the years following the earthquake (Theunissen 2013). Commissions of Enquiry into building collapses, coronial inquests, heated debates over the political regime imposed on the city, and frustration with insurance companies exacerbated the climate of heightened emotions in the city. Mental health is of continuing concern across the region.

The emotional landscape of the city is intensified at the two sensitive sites where the major loss of life occurred – known as the CTV and PGC sites, after the buildings which collapsed.[2] One hundred and fifteen people were killed when the CTV building collapsed in the earthquake, and there were 18 deaths in the collapse of the PGC building. The locations of these sites are shown in Figure 7.1. One of the critical aspects about the present and future of the CTV and PGC sites is that they are

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[1]See for example the film, *When a City Falls* (Frank Film, 2011); documentary *The Day that Changed my Life* (TVNZ, 2015); fictionalised series *Hope and Wire* (Gaylene Preston, 2014); and many books including *Quake: The Big Canterbury Earthquake of 2010* (Harper Collins, 2010); *Earthquake: Christchurch 22 Feb 2011* (Random House, 2011); *Christchurch 22.2* (Hachette, 2011); *Quake Cats: Heart-Warming Stories of Christchurch Cats* (Random House, 2014); *City Recovers: Christchurch Two Years After the Quakes* (Random House, 2013); *Responders: The NZ Volunteer Response Teams Christchurch Earthquake Deployment* (Keswin Publishing, 2013).
[2]CTV is the acronym for Canterbury Television, and PGC is the Pyne Gould Corporation
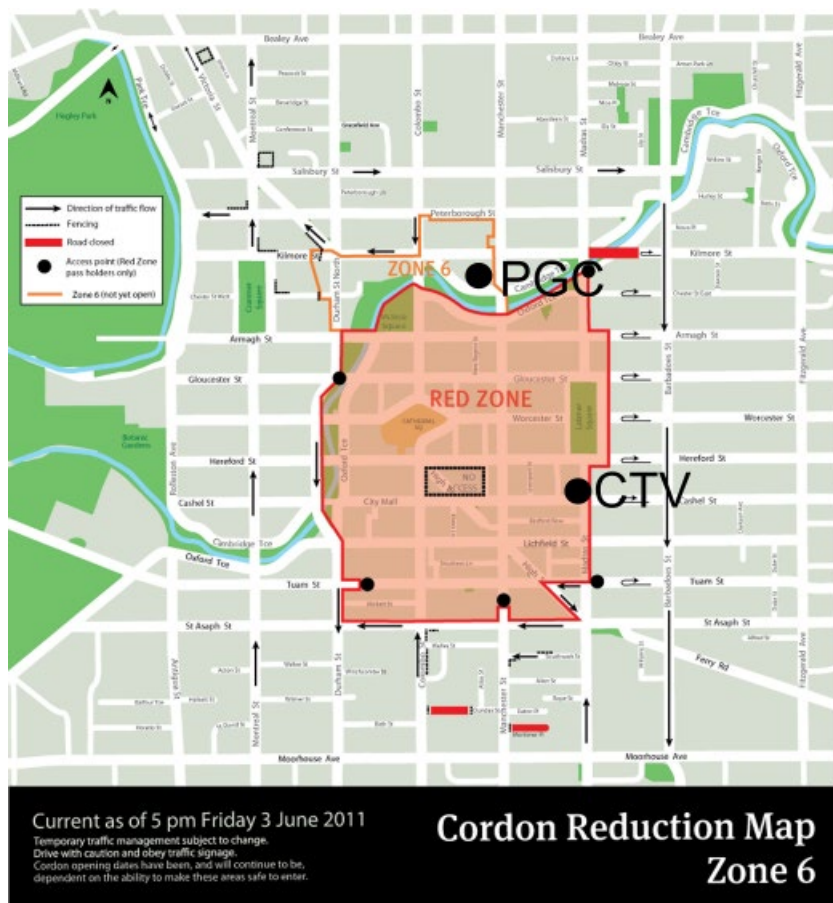
Figure 7.1 Central Christchurch. The map shows the location of the CTV and PGC sites, mapped onto the CERA Cordon Reduction Map, showing how the Red Zone was configured in June 2011, 4 months after the February earthquake. Prior to this the Red Zone had extended out to the 'Four Avenues' which define the central city, around the edge of this image, prohibiting public entry into the city. The cordon remained in place in reduced form until 30 June 2013. Credit: Canterbury Earthquake Recovery Authority, public domain.

not formally designated as memorials to the earthquake. The official earthquake memorial is elsewhere in the city, at a location which is intentionally distinct from these two sites to allow for inclusivity rather than a perception of the memorial favouring any particular group of victims. This separate site was identified for an earthquake memorial for the city through a process which assessed a range of potential memorial locations for their accessibility, safety and surrounding context. The site designated for the earthquake memorial is along the Avon River, in the city centre but not in the areas of heavy damage.

An international competition attracted over 300 entries from more than 30 countries, with the intention that the selected design will be constructed by February 2017, the sixth anniversary of the most devastating of the earthquakes.

Meanwhile the sensitive sites have their own issues to resolve within the city as it goes through the process of rebuilding. It is perhaps without question that design and care are necessary responses to the two sites, yet practices of designing and caring at a site of trauma are far from straightforward. What is 'design' in a situation where it may be best to do nothing to a site? And what happens if nothing is done to a site, and the surroundings are all undergoing rapid change as the city rebuilds? There are also questions over the aesthetics that may be associated with sensitive sites, as they are not conventional parks or urban squares. The spectrum of caring is extreme, including the bereaved families, the city's residents who experienced the trauma, visitors to the city, the dead themselves through their memories, and the sites in their own right which have experienced the violence of nature and all that came afterwards.

Resisting the impulse to beautify the sites, and recognising the need to accommodate sadness and grief, is a means of avoiding a sense of distancing, indifference or erasure. Designing a site to become generically beautiful threatens the loss of its history, its memories, its emotional terrain. A dwelling perspective is counter to this distancing, and engenders proximity and temporality. Dwelling is, as Ingold, observes '*continuously going on*' (Ingold 1996: 169, emphasis in original), and expresses a depth of engagement with the landscape.

As an academic and a designer I was involved in the responses to these two sites, including workshops with bereaved families and *tangata whenua*,[3] presenting a range of possible strategies for the ongoing care of the sites. Working as a consultant to the Canterbury Earthquake Recovery Authority (CERA), I developed an approach to the two sites which embraced an aspiration to manifest care, and to ensure the sites and their visitors were cared for in meaningful ways. This process is ongoing, as the complexity of the context has constantly altered – both in terms of physical and political change. Many of the concepts outlined in this chapter have proved beneficial as ways of discussing how to care for the sites, and to find physical expression for this caring. The approaches have contributed to a language of site care that can be appreciated by everyone from a bereaved family member to someone involved in street maintenance. Within the frame of political drives for expediency, the concepts have undergone

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[3]Tangata whenua refers to local Maori, literally people of the land.

various adjustments. The shifts in responsibility for the sites and the comings and goings of design teams, project managers, and others involved in managing the vast rebuild have been challenges for the nuanced elements outlined below. The process of developing concepts in an urban setting of competing needs and desires reveals how vulnerable notions of care can be within a rapidly changing city.

This chapter moves through a series of conceptual frames which draw upon resonances between the care of humans and the care of landscapes. Concepts such as *wounding* refer to injury to humans, but evoke the pain and emotion of a damaged city, and the need to respond to these wounds. *Dwelling* offers a position for responding, of appreciating the embodied and temporal qualities of landscape, and how the sensitive sites are in need of nurturing and care. This is complemented by the approach of *fragility*, which eschews design as an imposition on the landscape, and recognises the value of gentle or 'weak' design. Dwelling and fragility build upon a sense of humility in the face of landscape, a position which is reinforced by *empathy* (Spirn 2010). Core to empathy is the idea of in-feeling, of being able to put yourself in the position of another, including a seemingly inanimate thing such as a site. This empathetic connection to landscape is amplified in the notion of *treatment*, a term which simultaneously refers to a design response and a means of healing. Positions such as empathy, dwelling and fragility reflect a more-than-human conception of landscape, rather than a common design stance of humans acting on the landscape as a relatively inert canvas. The concepts worked through here in relation to sensitive sites signal a way in which the position of humility – of fragility – can be enlisted in design that is in conversation with the more-than-human environment, aspiring to a landscape of care that might not reflect aesthetic aspirations as much as embrace the temporal shifts and needs of places of trauma. Running under these approaches of care is the socio-political context of the city, a situation that is intensified in the post-disaster context of recovery and rebuilding. Emotions are heightened in the wake of disaster, and at the same time as feelings are intensified the political situation is thrown into an overwhelming and unfamiliar set of challenges. Caring for both the sites and the occupants of the city requires what Till (2012) calls a 'place-based ethics of care' which are 'fundamental in the establishment of differentiated and active forms of belonging and political community that might constitute more just and equitable democratic societies' (Till 2012: 8). Tensions between emotions, pragmatics and politics are constantly being worked through in the city, and as the final section of the chapter suggests, there is a prevailing fear of *re-wounding* if the sensitive sites are inappropriately treated.

7.2 Wounding

Embodying the impact of trauma on both a place and its occupants, the concept of wounding captures aspects of pain, suffering and recovery. Wounding also has its counter in healing, and the concomitant practices of care. It is a term used in two distinct senses by different theorists. For anthropologists Jane Schneider and Ida Susser (2003), urban wounds reflect a range of processes of destruction, from terrorism to the impacts of financial collapse. Schneider and Susser and their co-authors explore this range of urban destruction, and are especially interested in the processes of reconstruction, including the influence of the flow of global capital and how it can shape the kinds of outcomes that follow disaster. In this context the healing of the wounds is the prevailing metaphor.

By contrast, cultural geographer Karen Till is interested in how urban wounds should be kept open, as a way of not allowing closure and the inevitable complacency that results. For Till, it is state-perpetrated violence rather than an 'outside event', such as an earthquake, which inflicts wounds, and the wound becomes a critical component in resisting the forgetting of such violence (Till 2012). She describes how 'open wounds in the cities of Kassel and Berlin create an irritation in everyday space through which the past collides with the present. These commemorative sites are "out of place" in the contemporary urban setting, for they are defined by (re)surfacing and repressed memories of violent pasts' (Till 2005: 102–103). This sense of wounds being kept open provides a necessary disruption in cities as a means of remaining vigilant, 'the wound is kept open as an uncomfortable critical site of experience, interpretation, and meaning' (Till 2005: 103).

In the context of the sites of trauma resulting from the earthquakes, both of these perspectives on wounded cities inform the design and care of the urban fabric. As in Schneider and Susser's perspective, Christchurch faces considerable challenges resulting from the political environment as well as the indirect mechanisms of global capital, especially in the context of the insurance industry. There is a pressing need for the city to rebuild and to heal the wounds that have devastated the infrastructure and built environment. Till's conception of wounds being kept open is a vital balance to an uncritical approach to rebuilding the city. While not the result of state-perpetrated violence, many of the earthquake deaths reflected a number of failures in the processes surrounding the design, construction and monitoring of buildings. Till's wounding offers a frame which emphasises the cultural complexity of urban sites, and the need not to treat the sites as benign places that simply need prettification. The sensitive sites carry the burdens of battles over culpability and political contests, bearing witness

to the pain of cities, and the need for a broad ethics of care for the urban world. While the wounds need not be 'kept open' in Christchurch as they are in Berlin, their careful treatment must still be assured.

7.3 Dwelling

While the language of wounding frames an understanding of the sensitive sites as places of violence and scars, dwelling offers a complementary perspective of care and protection. The sensitive sites can be conceived of as 'fields of care' to adopt cultural geographer Yi-Fu Tuan's term (1974a: 416). While monuments and public symbols can only be known externally, fields of care can 'be known in essence only from within' (Tuan 1974a: 416). Part of a field of care's presence as a place is the ways in which people are emotionally bound to it, and this is nowhere as vivid as the sites where significant numbers of lives were lost. Tuan suggests, 'The emotion felt among human beings finds expression and anchorage in things and places. It can be said to create things and places to the extent that, in its glow, they acquire extra meaning. The dissolution of the human bond can cause the loss of meaning in the material environment' (Tuan 1974a: 417). While Tuan warns that a complete reliance on memory as the underpinning of place can become morbid, the recognition of memory's vulnerability in the face of the strident nature of contemporary urban processes is a stark reminder of the need to protect such fields of care.

Critical to the dwelling ethos is Heidegger's 'sparing and preserving', which David Seamon describes as 'the kindly concern and care for things, places, people and world as they are and can become' (Seamon 1982: 134). The very idea of having kindly concern for two unremarkable urban sites is on one hand seemingly absurd, given their inanimate nature. Yet these sites in themselves engender concern; a concern which is amplified by the vast web of those associated with the sites' pasts, and in particular with the tragic events of the earthquake. The victims, their families, the rescuers, the occupants of neighbouring buildings, the residents of the city, and far beyond, spin out into a mesh of affective attachment. As Jeff Malpas, a philosopher who explores the idea of place, explains, the 'character of dwelling as a looking after – as a preserving, sparing, and freeing – is also a looking after things' (Malpas 2006: 270).

The relationship between people and their place is central to the idea of dwelling, and in a situation where the earth could be seen as the cause of harm, in Till's sense of wounding, this is a complex connection. It was the earth's shaking that caused the buildings to collapse, despite the culpability of humans and the flaws in construction

and monitoring which have subsequently been revealed. It was a reminder of the potent agency of landscape, and our need to defer rather than assume pre-eminence in all things; it is a reminder of the need for our humility. As landscape architect and planner Anne Whiston Spirn notes:

> Humans are not the sole authors of landscapes. Volcanoes spew lava, remaking land; rain falls, carving valleys. Mountains, gardens, and cities are shaped by volcanoes and rain, plants and animals, human hands and minds. Trees shade ground and shed leaves, produce a more hospitable place for life with similar needs. Beavers cut trees and dam streams to make ponds: a dwelling place
> (Spirn 1998: 17, quoted in Jones and Cloke 2002: 653)

The humility and concern which hover over sites of trauma run counter to perspectives where design is based around ideas of aesthetics. While it might often be assumed that design's imperative is to create places of beauty, or visually impressive buildings, the dwelling perspective has a different agenda and can find design expression in the theory of fragile architecture.

7.4 Fragility

'Fragile' or 'weak' architecture is a perspective which shuns the muscular insistence of a dominating approach to design. As a means of designing the sensitive sites, fragility offers the possibility of a caring gentleness. Juhani Pallasmaa is an architectural theorist and practitioner working in the area of phenomenological design, and he traces the idea of fragile architecture through Italian philosopher Gianni Vattimo's idea of 'weak ontology' and 'fragile thought', which echo Goethe's 'Delicate Empiricism': 'to understand a thing's meaning through prolonged empathetic looking and understanding is grounded in direct experience' (Goethe quoted in Pallasmaa 2000: 81). Fragility and weakness are terms which could easily have negative connotations, but they are inherently humanistic approaches to design, embodying ideas of context and responsiveness. Pallasmaa (2000: 82) suggests that fragility embraces the practices of listening and dialogue, and while 'geometry and formal reduction serve the heroic and utopian line of architecture that rejects time … materiality and fragile form evoke a sense of humility and duration'. Pallasmaa's (2000: 82) conception of 'fragile' architecture, an empathetic approach to design, rests on how 'the arrogance of perfection is replaced by a humanizing vulnerability'.

The empathetic dimension of fragile architecture extends from the city scale, such as the idea of 'weak urbanism' in the architectural theories of Ignasi di Sola-Morales, through to the intimate setting of the garden. Pallasmaa (2000: 82) points to 'the Japanese garden, with its multitude of parallel, intertwining themes fused with nature, and its subtle juxtaposition of natural and man-made morphologies'. Other exemplars of sensitivity include Dimitris Pikionis's Acropolis footpaths and Lawrence Halprin's Ira's Fountain in Portland, Oregon. These works, Pallasmaa argues, transcend the domineering approach of a singular concept or image, and instead are grounded in place, and self-effacing insofar as they diminish the designer's presence. At Alvar Aalto's Villa Mairea, Pallasmaa (2000: 82) writes how it demonstrates 'an architecture of courtesy and attention, it invites us to be humble, receptive and patient observers'.

Fragile architecture's empathy resonates with Heidegger's 'sparing', as in cultural geographers Paul Cloke and Owain Jones' (2001: 651) words where 'this sparing of the earth is sharply contrasted to the modern domination of things. A respectful "sparing", rather than rule or control, will allow the earth to appear in its gifts'. On Christchurch's two sensitive sites the proposal was to allow the sites to be reclaimed by nature, reflecting the spirit of fragility and sparing. As in exemplars such as Berlin's Schöneberger Südgelände Park (Figure 7.2), or New York's Time Landscape by artist Alan Sonfist, spontaneous urban vegetation[4] can be allowed to reclaim the site. A regrowth of vegetation can foster a process of healing – ecologically and psychologically, as seen on Holocaust sites (Charlesworth and Addis 2002). Allowing nature to reclaim a site is also consistent with Maori cultural practice, where sites of tragedy might be left untouched, even to the extent that bodies would not be buried but left to lie in the landscape. Heidegger said that 'to let beings be … does not refer to neglect and indifference but rather the opposite. To let be is to engage oneself with beings' (Heidegger in Malpas 2006: 270). Thus, the relinquishing of the sites to the regenerating vegetation is not a signal of neglect but of engagement.

Regenerating vegetation challenges conceptions of aesthetics, running against the grain of the usual aspiration for urban parks to appear well maintained and tidy. Within this frame of sparing, nature is invited in, and the prevailing philosophy is of stewardship and care – of the sites and their trauma, and of the people and their memories. There is something of a tension where the appearance of

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[4]Spontaneous vegetation refers to plants which grow spontaneously on a site, without being planted. These are the colonising species and tend to be seen as weeds.

Figure 7.2   Schöneberger Südgelände park, Berlin.

the sites, either through the perceived messiness of mementoes or from the wildness of the vegetation, does not conform to aesthetic expectations. As Cloke and Jones (2001: 653) point out, 'we are not suggesting that dwelling as outlined here is necessarily positive in political, moral, or even aesthetic, terms'.

7.5 Empathy

Fragile architecture is founded on empathy, a concept which comes from the term *Einfühlung*, literally 'in-feeling'. As a relatively new philosophical concept, empathy really only emerged in the eighteenth and nineteenth centuries, as Romanticism sought to resist the alienation from nature that was occurring through the prevailing paradigm of the subject–object split, and manifested by science and the Industrial Revolution. Burke (2005) describes this time as the 'affective revolution'.

Empathic relationships are profoundly shaped by the landscape and the ways in which the landscape itself has been affected – its wounding,

its suffering – through acting a setting for the lives of others. This idea resonates with landscape architecture, and Spirn emphasises the necessity of reading and telling landscape, of understanding connections and responding appropriately. She states that 'such dwelling invokes a sense of empathy, prompts reflection on the continuity of human lives with other living things and with the places we inhabit' (Spirn 2010: 62).

Empathetic dimensions of the proposals for the sensitive sites were based on the care for more-than-human elements of the landscape, among them the survivor trees and the ruins. At both CTV and PGC, trees have survived the traumatic period of building collapse and post-collapse response – including at PGC the almost complete clearing of the site. Three trees remain in the PGC car park at what was the rear of the building (Figure 7.3) and at CTV trees survive in the garden areas which separate the car parks and the footpath.

Even the term 'survivor trees' encapsulates the transference of consciousness as in the idea of empathy. Trees' agency as 'survivors' is echoed in the Oklahoma Bombing Memorial's survivor tree, the Ground Zero survivor tree, the 'tree that saw it all' at the site of the

Figure 7.3 Three survivor trees at the PGC site.

Bijlmer air crash in the Netherlands, and in the 'witness trees' of the Gettysburg battlefield. Two books published for the 9/11 Memorial recount the significance of the Survivor Tree, which 'bears witness to the possibility of renewal and serves as a living reminder of our shared strength in the face of even the most unimaginable tragedy' (Skayne, no date: 32). The Callery pear tree survived the attacks on the World Trade Centre, and was removed from the site to be cared for during the rebuilding phase. The two books present a narrative of the tree's experience, including a story aimed at children (Aubin, no date).

The significance of trees' survival in disasters is highlighted by Keith Tidball and Marianne Krasny (Tidball and Krasny 2007: 274), who work at the interface between anthropology and ecology in post-disaster settings and observed that:

> Trees were frequently characterized as representing survival, stability, strength, and longevity, acutely legible through resident use of adjectives and phrases for trees such as survivor, survival, perseverance, safety, security, putting down roots, and the correlation drawn by residents regarding the presence of trees and well established neighborhoods.

This is echoed by Jones and Cloke (2002: 8) who:

> draw on emerging critiques of the supposed separation of nature and society to suggest that trees can, and should, be understood as non-human agents, with a potential to act, to bend space around themselves, to facilitate dependence and even to translate the will of others into their own articulation.

Alongside the survivor trees, ruins provide other significant traces of the past, providing triggers for emotional connections. Ruins at sites of disaster bear testament to the events. Maria Tumarkin (2005), a writer and historian who investigated a range of sites of trauma, observed how family and friends of the Bali bombing victims found it important to visit the site of trauma. Even relatives who had never wanted to visit Bali found they needed to go to bear witness to the site, and 'properly say goodbye' (Tumarkin 2005:76). From a psychological perspective, Pal Kristensen *et al.* (2012) studied bereaved relatives of the Norwegian victims of the Southeast Asian tsunami, finding that the majority of them had visited the location of the deaths. The respondents in the study emphasised how they found it beneficial to be able to visit the sites, whether to understand for themselves what had happened to a loved one, or to retrace their own steps as a survivor. Kristensen *et al.* (2012: 472) suggest a range of reasons for the visiting of sites, including 'making the loss more real', and 'the realization that death was inevitable'. Being present on the site of death was also associated with feeling close to those

who died, and related to 'attempting to re-establish contact or maintain a continuing bond with the deceased, which many find comforting after a loss' (Kristensen *et al.* 2012: 473). Respondents to Kristensen *et al.*'s study spoke of being able to say farewell, and finding closure and calmness.

Being able to visit and identify sites as part of an empathetic bond requires the sites to be cared for in ways that allows them to retain their identity, and not become anonymous city parks. This includes retaining recognisable elements, for example the ruins of buildings and other distinctive elements of the site. At CTV and PGC there was very little remaining in terms of physical structures. In the risk averse climate that was escalated in the city in the time following the earthquakes, the sites where buildings had collapsed or had to be demolished were quickly cleared of all rubble. This expediency was seen as a means of reducing the risk of further injury, but perhaps was also motivated by a desire to 'tidy up'. As a consequence, the PGC site was cleared of all traces of the building and grassed over, while at CTV the foundations of the building remained as a trace on the site. At both sites the car parks remained. This most functional of urban spaces became a means of tethering the sites to their place in the city and to their associations and memories. The CTV car park includes labelled car parks that provide ongoing reminders of the building's name (Figure 7.4), and at

Figure 7.4   Labelled car parks at the CTV site.

PGC a range of car park labels recalled the activities that had been accommodated within the building. A survivor of the PGC collapse commented how seeing the car park still there, largely intact, reminded her of driving into work every morning, recalling a time when things were normal (personal comment).

7.6 'Treatment'

It was significant that at some point during the process of working on the sites, someone from CERA introduced the word 'treatment'. In this context the word was being used almost as a synonym for design, meaning it was what was being proposed for the site. This echoes the way 'treatment' is used to describe how elements of interior design are deployed, such as a 'window treatment', which might mean a decorative cornice or some kind of drapery. Beyond this use of treatment to refer to design, it also introduced a subliminal recognition of the sites' need for care. 'Treatment' evokes a therapeutic response, in the way that the word would be used in the context of medicine. Further, the term also refers to the cleansing of an environmental element, such as water, air or sewage. This connotation of taking something contaminated – in this case perhaps even psychically – and transforming it into a something pure adds another layer to the process of engaging with the sensitive sites. This simple word took on a heavy cargo, embracing the sense of being treated both in terms of design, but also being cared for and healed. Heidegger's sense of 'looking after' or 'taking care' is, as Malpas points out, core to the idea of 'being-in' as involvement (Malpas 2006: 97).

As a way of emphasising this idea of treatment as caring and curing, the strategy of designation allowed for explicit attention to the sites' issues and how to approach them. Kenneth Foote (2003: 8–27) categorises responses to sites of trauma into four types: sanctification, designation, rectification and obliteration. At one extreme, sanctification is where sites become 'sacred', reflecting a formal dedication of the site for a memory that has positive connotations despite the trauma, for example heroism, sacrifice, virtue. Sanctified sites tend to be clearly bounded from their surroundings, have a long-term commitment to their protection and maintenance, and a shared narrative. Designation has parallels with sanctification but doesn't involve the consecrated dimension. While the site is marked in some way, such as with signage, the creation of a garden, or fencing, it is not a sacred site in terms of regular rituals or a formal dedication. Rectification occurs when a site's recognition as a location of tragedy is only fleeting, and it is then returned to a normal condition and reused. Any negative

associations with the site are ameliorated through either physical or perceptual transformation, eventually becoming part of the everyday landscape of the city again. Finally, obliteration involves the effacing of all evidence of a tragedy, and occurs where there is some kind of stigma associated with a site. Rather than simply being cleansed and reused as with rectification, obliteration can involve the abandonment or radical transformation of a site.

In the context of Christchurch's sensitive sites, Foote's categories illustrate just how complex the situation is. On one hand the sites could be seen as sacred or 'sanctified', yet Foote (2003: 15) suggests such sites need to share a common narrative, and are where the 'tragedy touches a single, relatively homogenous, self-identified community, one that comes to view the tragedy as a common, public loss'. Such a unified perspective is difficult in a context of legal contests over blame, and also in a culturally diverse situation such as CTV where an international language school was one of the tenants, with the students of the school from a wider range of cultures making up a considerable proportion of the victims. At the other extreme it would be inappropriate for the sensitive sites to intentionally become rectified or obliterated, given their part in what has been a major event in the history of Christchurch. Looking back from the future, these are two sites which people would expect to find traces of, and to find nothing – as would be the case with rectification or obliteration – would be a betrayal of what the city has experienced.

The most appropriate response for the sensitive sites is one of designation, a way of marking the sites as special. This resonates with Tuan's observation that 'unlike public symbols, fields of care lack visual identity. Outsiders find it difficult to recognise and delimit, for example, neighbourhoods which are a type of field of care' (Tuan 1974a: 418). While not as large as a neighbourhood, the sensitive sites' reduced physical presence, owing to the absence of any significant physical remains, means that they too need a kind of threshold. Having a band of stone to delineate the site, and to carry critical information about the site's name, and the date of the disaster, can be a form of reassurance for visitors. This approach is used at the Cenotaph at the Auckland War Memorial Museum, where the band of stone instructs visitors to respect the consecrated ground (Figure 7.5). At the sensitive sites it became clear that some visitors did not want to stand on the site itself, so it was crucial for them to know where the boundary is. For all visitors, the expression of a threshold amplifies a shift in emotion. There is an echo with Heidegger's observation that 'a boundary is not that at which something stops but, as the Greeks recognized, the boundary is that from which something begins its presencing' (in Leach 1997: 105).

Figure 7.5 Example of a band of stone designating a site, surrounding the Cenotaph at the Auckland War Memorial Museum.

Articulating the site of trauma is a critical dimension of remembering and experiencing the landscape where the losses occurred. In his study of the aftermath of the massacre at Srebrenica in Bosnia-Herzegovina Craig Evan Pollack (2003), who works in the area of social science and medicine, found that there was an explicit connection to the actual site of trauma at Potocari. Pollack (2003: 800) explained how the survivors of the massacre wanted the bones buried at Potocari as 'it designates a place where the trauma happened and also marks the much larger world where it did not'. Pollack (2003: 799) emphasises 'the importance of the actual site in this process of mourning has been underestimated'.

The act of designating also allows for a 'cue to care' to be put in place. The principle of 'cues to care' was developed by American landscape ecologist Joan Nassauer as a means of signalling to the public that 'messy' ecological landscapes were intentional (Nassauer 1995). Through emphasising that messy sites were being cared for, she theorised, the public could appreciate that the ecological processes were not unkempt, but had a particular role to play in the landscape.
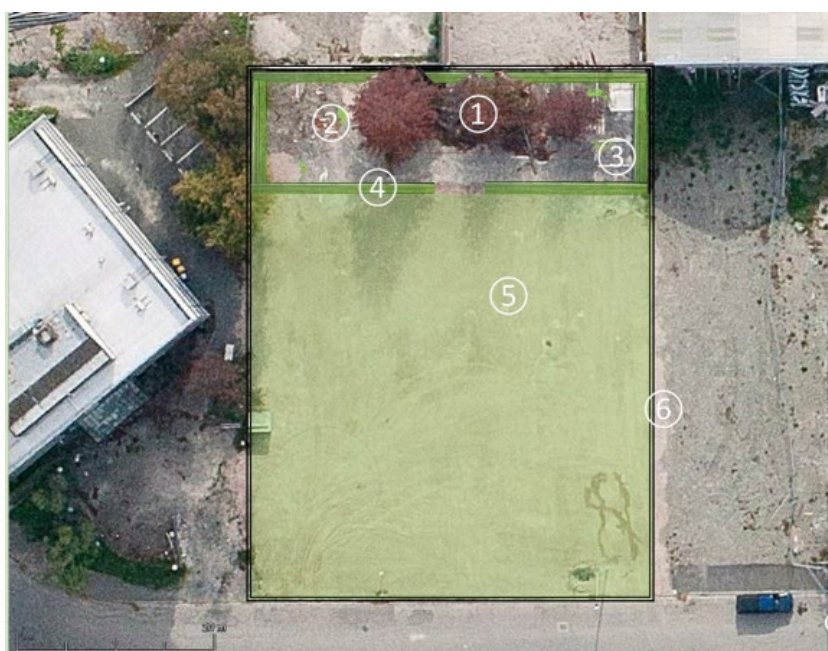
Figure 7.6 Conceptual proposal for treatment of the PGC site. The figure shows: 1. Survivor trees; 2. Spontaneous vegetation growing through cracks and crevices; 3. 'Ruins' retained in terms of the labelled car parks; 4. Hedge enclosing the area of 'ruins' and providing a cue to care to signal that the site is being looked after; 5. Grassed area where the building has been demolished and all traces removed; and 6. Band of stone delineating the entire site, providing a threshold and labelling the site for reassurance.

The kinds of cues Nassauer advocated were what were termed 'orderly frames', including fencing, hedging, signs, or mown verges. Figure 7.6 shows the conceptual proposal used for discussion with bereaved families in a workshop to explore the potential treatment of the PGC site. The proposal shows how the strategies of delineation, labelling, spontaneous vegetation and survivor trees could support the need for overt care of the site.

Rather than the 'messiness' of ecology, for the two sites of building collapse it was the spontaneous vegetation, ruins, and mementoes left there, that presented the possibility of the sites being misread as abandoned and uncared for. Clear designation and explicit signals of care provide a means of reassuring visitors that the sites are being protected. One of the early cues to care was the simple act of placing a sign on site to explain how mementoes were being looked after. The sign read:

Please Respect This Site: In recognition of the special significance this site holds for the people of our city and all those affected by the

earthquakes, the Christchurch City Council is working with Canterbury Museum to preserve aspects of our remembering. Tributes may be left at this site. Older tributes will be removed for archiving by the Canterbury Museum to become part of the city's memory of the Canterbury Earthquakes. Organic materials will be composted and used in the city's gardens.

This protocol echoed the precedents at the bombing site in Oklahoma, the school shooting in Columbine (Colorado, USA), the sites associated with Pim Fortuyn's murder in the Netherlands (Doss 2008), and also the practices at the Vietnam Veterans Memorial in Washington DC (Allen 1995). The Colorado Historical Society made a clear statement about their role in caring for the mementoes, and in turn caring for those affected:

> We are working for the public and this event will be documented by the media … We will save everything. Everything will be collected and removed from the site. Later decisions will be made as to how the mementoes will be handled. There will be no dumpsters. We need to be sensitive. Members of the volunteer teams may have been directly affected by this event. Everything will be recovered
>
> (Colorado Historical Society in Doss 2008: 17).

Another aspect of the manifesting of care was the labelling of the two sites, CTV and PGC respectively, as one of the challenges that emerged was that people were not sure if they were at the exact site where the trauma had occurred. Prior to the earthquakes and building collapses, the two buildings were unremarkable parts of the urban fabric and were not vivid in people's minds in terms of the building locations.

Care is the primary way in which a designated site can be identified in the landscape, as opposed to an obliterated site which has been abandoned. The signals of care, including the designation of the site through labelling and activities which clearly manifest acts of tending, such as the signs which explained what was happening to mementoes left on site, highlight that there is intentionality as opposed to neglect. The manifested care for the site also supports the relationship of bereaved family and friends with those who have passed away, and who feel comforted by being able to bring tributes to the sites. As design academics Anna Petersson and Carola Wingren observe of memorial design: 'To buy, collect and give things to the deceased reflects a care that continues even after death' (Petersson and Wingren 2011: 58). The signs of care also have a nurturing and protective symbolic dimension that attends to metaphysical and spiritual issues.

7.7 Re-wounding?

The tensions between emotions and pragmatics have challenged the relationship between design and care at the sensitive sites. Arguably the fragility of a caring perspective is one which takes time, and amongst the competing demands of bureaucracy, politics and public opinion, the proposals have inevitably become diluted.

At the high profile CTV site, where most lives were lost, delays in working with bereaved families to discuss the proposals led to a hasty makeover of the site prior to the third anniversary of the earthquake. Ongoing debate in the media pointed to how the CTV site was not being cared for and was an embarrassment (One News 2013). The reaction by authorities was to 'tidy' the site in readiness for the anniversary events, involving many visiting bereaved families from abroad. Much of the site was neatly turfed with instant lawn and it took on a somewhat subdued appearance. There was evidence that the significance of ruins had been acknowledged by authorities, and some of the remaining labelled CTV car parks are still evident.

The tidying of the sites, particularly the decision to grass the CTV site, compromised the proposal for a slow reclaiming of the space by nature, a 'place-based ethics of care' to use Till's term (2012). Instead, the site reads as static and controlled, and arguably suffers from the distancing that results from an imposed aesthetic. Now that the lawn is in place, it would be difficult to return to the original concept of allowing nature to reclaim the site. Removing the site's neat lawn may be conceived of as another kind of violence, a re-wounding. Till points to how 'some memorialization projects attempt to close off public discussion by bounding time through place, while others seek to keep open the process of historical reflection through dialog, changing landscape forms, and community capacity-building' (Till 2012: 7).

The treatment proposals for Christchurch's sensitive sites were founded on an aspiration for dwelling, for a meaningful engagement of people with place. The dwelling perspective is an overcoming of the distancing effects of bureaucracy, politics and aesthetics, that tend to focus on expediency and efficiency. It also is a counter to the prevailing presumption that happiness is the only acceptable emotion, with the concomitant silencing of aspects of collective and individual grief and sadness. As theologian Thomas Moore writes: 'Hiding the dark places results in a loss of soul; speaking for them and from them offers a way toward genuine community and intimacy' (Moore 1992: 148).

The proposals reveal both the ambition for designing sites with a caring ethic, and also how the dynamics of cities and limited conceptions of 'design' can hinder such practices. In the wake of a disaster there are inevitably tensions where the pragmatism of authorities

struggles to accommodate individual and collective grief and the need for remembering. Overt care and empathy for the sites contributes to wider issues of healing, and a protection against forgetting. One of the most important outcomes of processes surrounding the sensitive sites is a manual coordinating the perspectives of the various agencies concerned, including CERA, the Christchurch City Council, Ministry for Culture and Heritage, and the Department of Building and Housing. The Sensitive Sites Manual is a work in progress, and addresses the need for protocols surrounding short-term site management issues through to the longer term prospects for the sites. Perhaps unusually for a pragmatic document such as this, there are references to the emotional values that are embedded within the sites, and the dynamics of a city working through its grief.

'Looking after things' in an urban context, at a site of trauma, draws upon aspects of care which are attended to the site, to the victims, and to all of those affected, essentially encompassing everyone who beholds it. This circularity of caring for the site, so that its 'cared-for-ness' can in return inspire care, sets up an affective bond between the site and the visitors. Caring is not confined to the domain of the human world, but also to the more-than-human dimensions of the sites themselves, the survivor trees, and even the intangible dimensions of memories. The empathetic connection allows for a looking back and forth, in this case between the landscape and its occupants, and with the less tangible elements of the urban world, like emotion and affection. Caring embraces ethics and empathy, and allows for an ongoing connection to the place. In turn, the sites of trauma care for those who visit them, holding within them the memories of those who died.

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Chapter Eight
Empathy, Design and Care – Intention, Knowledge and Intuition: The Example of Alvar Aalto

Juhani Pallasmaa

8.1 Preamble

During my last high school years in the 1950s I planned to become a medical doctor, or more precisely, a surgeon. I read biographies of famous surgeons and was fascinated by this world in which the surgeon is engaged in the patient's life, health and feelings through the human body. Yet, I ended up studying architecture for reasons that I cannot recall, or perhaps the motive was so deeply unconscious, that I am not aware of it. Through 50 years of architectural practice I have, however, gradually realised that the two professions are not as far from each other as one might think. My interest in the phenomenological view of architecture and the embodied and mental dimensions of buildings has gradually unified the reality of human existence in my thinking. The ultimate aim of the practice of both medicine and architecture seems to be to improve the human condition, one in the intimate bodily end of the scale of existence, the other in the experiential, mental and environmental end of the man–world continuum. Both are also essentially practices of the hand. Although recent developments in technology, and especially in digitalisation and computerisation, have distanced both practices from the direct use of the hand, the hand still has its role in the pre-reflective processes of embodied thinking and feeling. Both practices also call for a holistic and comprehensive understanding of the human situation.

Finally, my decades-long conversations with psychotherapists made me grasp the embodied and mental essence of architecture beyond its physical and utilitarian task. The effects of architecture always end up being effects in our experiential and mental realms. The aspirations and acts of occupying space and dwelling in architecture, and care in therapy and medicine, are similar. These practices call for an understanding of the self in the world, both of the client or patient, and the practitioner himself. My later interest in our sensory relation with the world, and in the recent theories and findings of the neurosciences, have made the parallels even more evident. In fact, I have recently co-edited a book entitled *Mind in Architecture: Neuroscience, Embodiment, and the Future of Design*, which explores the connections between architecture and neuroscience (Robinson and Pallasmaa 2015). As Fred Gage from the Laboratory of Genetics at the Salk Institute concludes significantly:

> Genes control the blueprint for the design and structure of the brain. The environment can modulate the function of genes, and ultimately the structure of our brains. Changes in the environment change the brain, and therefore they change our behaviour. Consequently architectural design changes our brain and behaviour.
>
> (Gage, summarised in Eberhard 2015: 135)

In the past decades, architectural theory and practice have been oriented towards technology, functional optimisation and visual aesthetics, but it is becoming evident that the art of building needs to consider our mental world and learn from the biological sciences as well as neuroscience. The identification and acknowledgement of experiential qualities, both conscious and preconscious, are becoming increasingly important in all fields of design, including design for care. In the context of this chapter, design for care is understood as the design of entire environments, spaces and objects in the diverse areas of medical and mental health care as well as nursing. Instead of discussing direct practicalities or specifics of environments of care, the chapter comments on the general orientation and tendencies in today's architecture. Design for care has usually been seen as the special area of hospital design, but in fact the call for an architecture that supports our wellbeing and homeopathically balanced life through sensitised, supportive and resonant environments applies to all construction. As the phenomenologist philosopher Maurice Merleau-Ponty argues, we live in 'the flesh of the world', and architecture, as much as ourselves, should be seen as part of this existential flesh (Merleau-Ponty 1969: 248).

8.2 The flesh of the world

It is evident that we do not need to cut open the envelope of the body, or open the skull, in order to make an impact on our inner conditions, including the brain. The outer physical and embodied settings and our inner mental and neural worlds constitute a continuum, in which the shift from one to the other is hardly identifiable. This relationship is similar to the way the two sides of the Moebius strip unnoticeably constitute the continuum of a single surface. As an architect, I am observing, thinking of, and manipulating such an indivisible continuum from the material world to the mental world and back. 'The world is wholly inside, and I am wholly outside of myself', Merleau-Ponty writes somewhat enigmatically, commenting on the integrated dimensions of human existence (Merleau-Ponty 1962: 407). The philosopher's notion of 'the flesh' describes the intertwining of the outer and inner, physical and mental perspectives, the world and the self. 'My body is made of the same flesh of the world […] and moreover […] this flesh of my body is shared by the world', he clarifies (Merleau-Ponty 1962: 297). No doubt both the medical doctor and the architect operate in the existential flesh of the world, and their work is interrelated through this very flesh. We also grasp the essences of the lived meanings of our existence intuitively through this flesh, as it is the true condition of our lives. At the same time, our rational, conceptual and utilitarian thinking seems to be increasingly distancing and detaching us from this integrated condition and tacit embodied understanding. In order to identify and orient our design work appropriately, we architects need to understand who we are and how we are related to the world. This requirement is heightened in the case of designing spaces for care and healing. This special design task also calls for a mutual understanding of the aims and methods of the two professions.

8.3 Empathy in design

Great artists and architects have always understood the interaction and integration of life and its processes and settings, and they have succeeded in creating works that have a powerful impact on us regardless of the fact that we might not consciously understand what is happening to us. These qualities are grasped preconsciously in an embodied manner. We may not be intellectually aware of the impact of our environment, but we are deeply affected by it and our body knows.

Figure 8.1 Paimio Sanatorium (1928–1932), southern Finland. Upon arrival the Sanatorium receives the patient and visitor with a welcoming gesture of embrace. Image: Pertti Ingervo, Alvar Aalto Museum, Finland, 1970s.

Approaching the Functionalist masterpiece of the Paimio Sanatorium in southern Finland, designed by Alvar Aalto between 1929 and 1933, I am always deeply moved. The integrity and benevolent authority of the building is immediately impressive at the first sight of the white volumes through the pine forest (see Figure 8.1). The feeling of empathic attention is especially memorable. The gesture of welcome by the two outstretched arms of the building and the invitation of the protective entrance canopy are comforting and reassuring. This huge complex seems to embrace the visitor upon arrival. In an unspoken and pre-reflective architecturally gestural language the building makes the promise of taking good care of the patient and the visitor alike, and it emanates hope of healing and a better future. Instead of isolating the individual, it suggests a process of collective healing. The negative condition of illness begins to turn into an optimistic journey of recovery. The sanatorium building projects a feeling of shared responsibility, knowing care, empathy and compassion.

This building seems to address us through a hidden language, which the body and the senses grasp without any verbal interpretation. Sir Colin St John Wilson, the architect of the British Library, writes about the hidden power of the spatial and embodied language of architecture (St John Wilson 1979):

It is as if I am being manipulated by some subliminal code, not to be translated into words, which acts directly on the nervous system and imagination, at the same time stirring intimations of meaning with vivid spatial experience as though they were one thing. It is my belief that this code acts so directly and vividly upon us because it is strangely familiar; it is in fact the first language we ever learned, long before words, and which is now recalled to us through art, which alone holds the key to revive it.

The Paimio Sanatorium is a reassuring example of the non-verbal meanings which work directly on our body and mood, and can also turn architecture into an instrument of healing.

Hospitals have mainly been rationalised and designed from the point of view of the operational logistics of the movements and functions of the medical personnel and other staff, the use of equipment, as well as material circulation. Instead, Aalto focuses on the patient through his/her experiential reality. The architect's design ideas arise from the lived reality of the patient, not from efficiency calculations or functional charts. At the same time, the fact that the building is universally considered a masterpiece of Functionalist design should assure us of the full rationality of its performance. 'Realism usually provides the strongest stimulus to my imagination', the architect confesses (Aalto interview 1977, in Schildt 1994: 74). His project description centres on the experiential and atmospheric qualities of the spaces from the vantage point of the patient, rather than operational rationality:

The main purpose of the building is to function as a medical instrument […] one of the basic prerequisites for healing is to provide complete peace […] The room design is determined by the depleted strength of the patient, reclining in his bed. The colour of the ceiling is chosen for quietness, the light sources are outside the patient's field of vision, the heating is oriented towards the patient's feet, and the water runs soundlessly from the taps to make sure that no patient disturbs his neighbour.

(Aalto archives quoted in Schildt 1994: 68–69)

8.4 Architecture as a medical instrument

Aalto's concept of an architectural 'medical instrument' begins with the location of the sanatorium in the pine forest, in accordance with the medical views of the time in treating tuberculosis, and continues in the walking paths through the forest, the orientation of the various functions in relation to the sun, and the extensive balconies and roof terraces for the purpose of resting in the fresh oxygen-rich air (see Figure 8.2). The architect's design approach extends to dust-free

Figure 8.2 Paimio Sanatorium, southern Finland. The sun terraces and balconies for the patients. Image: Gustaf Welin, Alvar Aalto Museum, Finland, 1932.

light-fixtures, door handles that do not get caught in clothing, and the use of invigorating and comforting colours (see Figure 8.3). An especially strong impression is made by the canary yellow linoleum floors of the main lobby and stairway; the colour evokes cleanness and an unexpected sense of luxury, and turns even a rainy or cloudy day into the subconscious experience of benevolent and healing sunshine.

In one of his lectures Aalto confesses that he happened to be hospitalised at the time he began to work on the sanatorium design, and that his personal experience made him think of the hospital environment from the patient's perspective – the experiences of 'the horizontal man' (Aalto 1985a: 49). He realised that the patient experiences his/her surroundings from a different orientation and body position than the standing healthy individual. From this simple observation he even formulated a piece of general advice for design; the designer should always think of the human individual 'at his weakest'. Considering the special design requirements of the variously impaired users of spaces certainly sensitises the designer to the subtleties of users without impairments. Twelve years ago, in an experiment in the School of Architecture at the University of Conception in Chile, two parallel design studios were given the same task. One of the studio groups

Figure 8.3 Paimio Sanatorium, southern Finland. Doorhandle, patient's room, which does not get caught on clothing. Image: Gustaf Welin, Alvar Aalto Museum, Finland, 1932.

consisted of non-impaired architecture students working alone, whereas the other studio worked in collaboration with blind individuals. As a result, the studio that interacted with the blind individuals produced projects that were considered superior and more subtle. This interaction sensitised students to all design issues (Doctoral Study, University of Conception). 'Every decision (in design) is in some way a compromise which can be attained most readily if we consider human beings at their weakest', Alvar Aalto suggests (Aalto 1985b: 131–132). In his view, the physically, sensorially and psychically weakened condition of the client reveals the humane aims of any design task. This idea of thinking of the individual at his weakest is a thought-provoking contrast to the prevailing attitude in today's architectural thinking, which tends to tailor designs for the strong, healthy and active section of the population. In comparison with Aalto's sensitive and clearminded human realism, there is much distorted idealisation and censorship in the fashion-conscious architecture of the consumer society. Today´s architecture most often emphasises the sense of vision, while suppressing other sense modalities. It is also formally oriented, while neglecting the non-formal aspect of materiality, feeling and mood. Characteristically, Aalto also spoke of 'the little man', the man in the street, the unknown and helpless individual, who is frequently the architect's real 'client' (Aalto 1985c: 129).

8.5 The acts of identification and homecoming

Aalto's example cements the fact that superficially rational analyses of the various functions, operations, spaces and aspects of the design task for care are not a sufficient starting point; the designer needs to have an interest and capacity for empathy and compassion in order to identify and respect the mental and emotive experiences of the unknown patient, which may well be as important for the processes of healing as any actual medical views or treatments. The nature of this empathic skill is not self-evident. In the process, the designer has to become the client or patient; it is not mentally possible to design genuinely for 'the other' as an outsider. The feelings and reactions evoked by the imagined reality can only be felt by the architect personally. This implies that unknowingly the designer also becomes a 'stand-in' or actor, who temporarily takes the role or persona of the other, for whom he or she is designing. In the case of a hospital, architects must project themselves as the patient, exactly as Alvar Aalto did when designing the Paimio Sanatorium. True empathy calls for full identification; it cannot be simulated.

Healing is not only a physical or physiological process of the body, it is also a process of mental re-adjustment and recovery. Health implies a balanced and suitably active overall condition of life in relation to the given life situation. As healing is basically a process of re-integration and re-balancing, the qualities of the environment are of cardinal importance. Not surprisingly, good environments for healing are similar to the environments that human beings naturally enjoy: the presence of nature; pleasing views; pleasant and varying illumination; a good sense of scale and proportion; rich tactile materials; invigorating and calming colours. Healing is also a form of homecoming, a return to a healthy, dynamic, active and balanced relationship with the world. The Dutch architect Aldo van Eyck, who developed a Structuralist approach in architecture based on his interest in anthropology, made the memorable statement: 'Architecture need do no more, nor should it ever do less, than assist man's homecoming' (van Eyck quoted in Hertsberger and van Roijen-Wortmann 1982: 65).

8.6 The promise of beauty

I believe in the integrating and invigorating power of beauty. The role of beauty in processes of healing has not been scientifically proven, probably due to the experientially and emotively complex nature of the phenomenon and notion of beauty. Yet, philosophically and experientially, this influence is clear. Philosopher Karsten Harries, for instance, makes the following remarkable arguments: 'The experience of the beauty of the environment promises a genuine homecoming'

(Harries 2011: 1–2), and 'The language of beauty is essentially the language of a timeless reality' (Harries 1982: 63). Beauty suggests a reality beyond nowness and temporality, and thus enables the patient to project a future beyond his/her current weakness.

In our era, architecture has been predominantly about functions, technicalities, rational operative requirements and visual aesthetics, instead of its mental and experiential dimensions, effects and implications. Health also calls for a richness and balance of the sensory world; superficial or fashionable visual aesthetic aims alone are not satisfactory. As Merleau-Ponty tells us: 'My perception is […] not a sum of visual, tactile and audible givens: I perceive in a total way with my whole being: I grasp the unique structure of the thing, a unique way of being, which speaks to all my senses at once' (Merleau-Ponty 1964: 50). It is this totality of the sensual world which is usually missing in contemporary architecture, and particularly in institutions and spaces of healing. As we exist in the flesh of the world, the qualities of the surrounding world are seminal; they are secretly also qualities of our extended self. We need to be in a positive interaction with the environment through all our sensory systems, and even through our intestinal bacterial 'universe', as science has recently revealed. Research into the role of intestinal bacteria in our interaction with the world as well as our brain and nervous system is revolutionising the understanding of ourselves as biological beings. The hundred thousand billion bacteria that live in our bodily system make us a hugely complex ecosystem. Besides, we have a hundred times more bacterial DNA than our own human DNA (Arte France 2015). Spaces designed for care tend to emphasise one-sidedly the elimination of disturbing elements, but the full range of positive and active sensory stimuli is equally needed. As healing is fundamentally a process of re-integration, the sensory conditions of the space of care are crucial. The statement of Fred Gage, quoted at the beginning of this chapter, makes it clear that there is no definite boundary line between the physical and the mental, external space and the space of the mind. The American literary scholar Robert Pogue Harrison makes a parallel argument: 'In the fusion of place and soul, the soul is as much a container of place as place is a container of soul, and both are susceptible to the same forces of destruction' (Pogue Harrison 2008: 130). We might add that they are both susceptible to the same forces of healing too.

8.7 Synthetic design

Regardless of his interest in experiential reality, Alvar Aalto did not undervalue the significance of perfect functional performance. His attention to the perspective of the patient is paralleled by a similar

attention to the specialised spaces of medical procedures and treatments, as well as other functions, for example a minute chapel. As group identity and participation have a significance in healing, the dining room, library, as well as corridors and meeting spaces were also given attention as places of actual or imagined human encounter. The overall optimistic, attentive and encouraging atmosphere is clearly more important than any singular space or property. Modernity has been largely obsessively interested in aesthetic form, whereas atmosphere, ambience and mood have been overlooked. In fact, these qualities have been considered romantic and sentimental by most architects, when they are fundamental in literature, cinema, theatre and music, for example.

For this sanatorium project, the young architect (Aalto was only 31 years old when he won the competition for the sanatorium) developed a host of ingenious technical solutions, such as draftless heating and ventilation systems, appropriate daylight arrangements, lighting fixtures without glare, wardrobes cantilevered from the walls, and inventions to eliminate disturbing noise, such as noiseless washbasins, and spitoons. All these inventions were based on careful observation of functional, ergonomic, physiological and psychological factors in the daily life of the hospital environment. In conjunction with the hospital project, the architect also developed a range of both metal and wood furniture. Aalto preferred wood furniture because it does not produce visual glare, or have the tactile coldness and harsh acoustic character of metal furniture. In particular, the technical innovations using laminated wood and plywood in furniture were groundbreaking and laid the foundations for the later Aalto furniture and the establishment of the Artek furniture company (founded in 1935 and still globally active today, 80 years later). Altogether, the Paimio Sanatorium could well be the project in the history of modernity that contains the greatest number of new inventions. Yet, all this novelty projects an air of welcome, courtesy and relaxation. Aalto wrote in 1930, at the time he began to work on the project: 'It requires radicalism to avoid creating a superficial comfort and instead to search out the problems whose solution could create the conditions for better architectural work and achieve truly usable criteria for people's well-being in their everyday lives' (Aalto 1985d: 20). Indeed, he analysed the entire hospital environment including its smallest components in order to achieve a truly radical design, which is still capable of elevating patient and visitor feelings more than 80 years after its conception. Tuberculosis is now medical history, but the Sanatorium continues to stand as a testimony to responsible, inventive and empathically creative design. This is the miracle of art; it resists time and maintains its qualities. 'The artist is worth a thousand centuries', as the poet Paul Valéry suggests (Valéry 1956: xiii).

Architecture is a synthetic phenomenon covering practically all fields of human activity. An object in the architectural field may be functional from one point of view and unfunctional from another […] It is not the rationalization itself that was wrong in the first and now past period of modern architecture. The wrongness lies in the fact that the rationalization has not gone deep enough. Instead of fighting the rational mentality, the newest phase of modern architecture tries to project rational methods from the technical field out to the human and psychological fields.

(Aalto 1985b: 76–77)

The essay 'The Humanizing of Architecture' from 1940, is one of Aalto's most important lessons, and is absolutely valid today (Aalto 1985b). There are two kinds of rationality: the first rationalises the obvious technical, functional and aesthetic requirements, the second penetrates into the hidden psychological, emotive and instinctual dimensions of human behaviour and experience. Regrettably, Aalto's advice has not usually been followed in the development of modern design. In today's pretentious 'image' architecture and the superficial cult of novelty, true holistic rationality is usually suppressed for the sake of enticing formal and manipulative imagery. Aalto also emphasises that analysis and synthesis belong together, and there should be an appropriate distinction between the two. An analysis, however detailed and observant, is not enough; a humanly meaningful and stimulating synthesis must be achieved.

8.8 Art and evidence-based design

Today's 'evidence-based design' assigns isolated issues or performance criteria to specific research, yet an intuitive grasp of the experiential and mental realities of design, through an empathic imagination, has been the quality of the geniuses of design throughout history. With all today's inventions and devices, architecture can hardly compete with the subtleties of the great designs in history. The understanding, by the ancient Greeks, of the optical and embodied workings and limitations of our perceptual systems, is unsurpassed even today, and could hardly be refined by today's instrumentalised research. The emotive power of Michelangelo's architecture, arising from the mental identification of buildings and their parts with human bodies, could hardly be enhanced by technical research. The volumes, shapes, lines and profiles of his architectural and sculptural works read unconsciously as human bodies, and we actually mourn with these architectural bodies; in Michelangelo's view the art forms of sculpture and architecture have to be based on a thorough knowledge of

the human body and anatomy. 'There is an essential relationship between architecture and the proportions of the human body. And he who has not made himself master of the human form and especially anatomy, will understand nothing of architecture' (Michelangelo quoted in Marangoni 1951: 248).

Today, we could suggest that architecture needs to be based on a thorough knowledge of human nature. The powerful and invigorating pre-conscious engagement of our embodied systems in the space–time dynamics of modern masterpieces equally exemplifies this impressive intuitive artistic understanding. We feel with the buildings of Frank Lloyd Wright and Le Corbusier, and we experience a heightened dignity of being through the buildings of Alvar Aalto and Louis Kahn. Edgar Allan Poe made the thought-provoking argument: 'Mathematics cannot offer a more convincing proof than the intuition of the poet' (Poe, unidentified source). Surprisingly, Dr Vittorio Gallese, one of the discoverers of mirror neurons and mirror systems, goes even further today: 'From a certain point of view, art is more powerful than science. With much less expensive tools and with greater power for synthesis, artistic intuitions show us who we are, probably in a much more exhaustive way with respect to the objectifying approach of the natural sciences' (Gallese and Di Dio 2012: 693).

Great works of art, such as cave paintings, were made thousands of years before humans even realised that they had brains, neural systems or emotions. I am not speaking against the current research-oriented design approach, but the fundamental importance of the activation and sensitisation of our own vast empathic, imaginative and integrating capacities must be emphasised in a design world that today tends to rely one-sidedly on 'facts' and explicit theories. We still need to engage in the design tasks as whole thinking and feeling beings, not just intellectual problem solvers. Sadly, as often seems to be the case today, new research in experiential and behavioural dimensions of architecture is accompanied by a deliberate dulling of our innate capacity for imagination, and the elimination of the lived, tacit understanding of the world and life. New findings and theories in the neurosciences, especially in mirror neuron systems, emphasise the inherent qualities and capacities of our mental and neural constitution, as well as the crucial significance of the evolutionary perspective and the significance of integrated entities and images instead of mere isolated facts or factors. During the modern era, architecture has been dominated by the idea of scientific rationality, but today we seem to be moving towards biological knowledge.

Alvar Aalto wanted to expand the rational approach in design from the functional realm to the realities of the human psyche and mind. In the mid-1930s, he wrote about 'an extended rationalism' and urged

architects to expand rational methods even to the psychophysical (he also used the terms 'neurophysiology' and 'psychological field') and mental areas (Aalto 1985a: 50). He also made a significant remark on the biological grounding of architecture, an approach that will certainly emerge forcefully in the near future: 'Architecture and its details are in some way all part of biology' (Aalto 1985e: 97). A few years later the Austrian-American architect Richard Neutra also pointed out the importance of the biological perspective: 'Our time is characterized by a systematic rise of the biological sciences and is turning away from oversimplified mechanistic views of the 18th and 19th centuries, without belittling in any way the temporary good such views may have once delivered. An important result of this new way of regarding this business of living may be to bare and raise appropriate working principles and criteria for design' (Neutra 1954: 18), and, 'Today design may exert a far-searching influence on the nervous make-up of generations' (Neutra 1954: 7).

The bio-psychological perspective is surely relevant also for questions of care and healing. We are fundamentally biological beings with a deep genetic, evolutionary and cultural historicity. The most important and demanding task is probably the question of how to re-connect ourselves with our biological past and its demands in today's technological culture; this is also the real essence of the ecological perspective and sustainability. The founder of 'biophilic' philosophy and ethics, Edward O. Wilson, the world's leading myrmecologist, argues: 'All of man's troubles may well arise from the fact that we do not know what we are, and do not agree on what we want to become' (Wilson 1984: 20).

8.9 The power of intuition

In his book *Proust Was a Neuroscientist*, Jonah Lehrer shows how great artists, such as Walt Whitmann, Paul Cézanne, Gertrude Stein, Igor Stravinsky and Marcel Proust, have grasped subtle neurological realities, decades before the science of neurology identified and experimentally validated the same phenomena (Lehrer 2008). The discovery of mirror neurons and mirror systems has opened up further windows towards the understanding of the subtleties of our relationship with the physical world. The recent theories and findings in neuroscience also eliminate the categoric difference between the physical and the mental, the environment and the human mind, the scientific and the poetic. 'Art is the extension of the functions of the visual brain in its search for essentials', Semir Zeki, neurobiologist and professor of neuroaesthetics, suggests (Zeki 1999: 1). However, I see no reason to limit this idea of extension, or externalisation, to the visual world only.

I believe that art and architecture provide momentary extensions of the functions of our entire perceptual system, consciousness, memory, emotions and existential understanding. We do not only 'feel' emotively and through our skin, we feel through our entire body and its material and spatial extensions, as well as architecture. As Merleau-Ponty remarks poetically, 'Through vision we touch the sun and the stars' (Merleau-Ponty quoted in Levin 1993: 14). We feel and can also be healed through architecture. The space or place for cure is thus necessarily part of the patient and the condition of healing. Several philosophers, such as Alva Nöe, argue convincingly that our very consciousness is not 'located' in the brain, as is still generally believed. Consciousness is likely to be a result of the interaction of the brain, embodiment and world, and as a consequence, our consciousness is relational, and 'out there', rather than concealed in a specific location in the brain (Nöe 2010). Recent scientific research has revealed that even our intestinal bacterial world is an essential constituent of our system of relating with the world. Some scientists even refer to 'the second brain', when speaking of this hitherto rather unknown realm inside us (Arte France 2015).

The role of architecture as a functional and mental extension of our capabilities, both physical and mental, is clear enough – indeed, Richard Dawkins describes various aspects of the notion of 'extension' among animals in his book *The Extended Phenotype* (Dawkins 1982). He suggests that such intentionally fabricated extensions of biological species should be made part of the phenotype of the species in question. If the dams and water regulation systems of the beaver are seen as properties of the phenotype of this species, as Dawkins suggests, human dwellings, schools and environments of care, as well as countless other human environments and institutions, should be regarded as part of the human phenotype. In addition to being sensitive to the hidden characteristics of atmospheres, places and spaces, meaningful works of architecture grasp intuitively the role and essence of human nature, behaviour and the mental world. Architecture mediates between us and the world, and gives the world its human measures and meanings. Gaston Bachelard criticises the Heideggerian view that basic human frustration would arise from being 'cast into the world', as 'Man is laid in the cradle of the house, and always in our dreams the house is a large cradle' (Bachelard 1969: 6). In order to give due meaning to specific findings of research, the synthesising designer should re-learn 'the natural philosophy of architecture', which arises from life itself as well as the biological evolution and historicity of human culture and construction. Similarly, the findings of neurological research need to be studied philosophically in order to understand what they really can mean in the complete and complex human reality. This is

why I support the 'neuro-phenomenology' approach. By intuiting this knowledge, architects are able to create spaces and atmospheres that make us feel safe, comfortable, invigorated and dignified without necessarily being able to conceptually theorise these aims or visions. These subtle qualities of design are a result of empathic and compassionate imagination. True works of art are always richer than singular experiences or interpretations of them. I have used the notion of 'natural philosophy of architecture', referring to an understanding that arises directly from an intuitive and lived grasp of human nature and architecture as an extension of that very nature. Such responsive spaces and settings arise from grasping the integration of the inner mental and outer physical worlds, and they support a balanced life and also the processes of recovery and healing. Through the past decades, architecture has often become cold, calculating and narrowly aestheticised through its gradual loss of confidence in the designer's creative and empathic mind. Today, architecture is threatened by two opposite forces: functionalisation and aestheticisation. The first turns buildings into structures of mere utility and economic profit, the second into mere seductive and manipulatory aesthetics.

8.10 The loss of empathic wisdom

Alarmingly, our culture seems to be moving away from an intuited empathic wisdom towards the increasing use of numerically supported possessive information, codes and regulations, and from an embodied and holistic wisdom towards a rational application of fragmented rules supported by fragmented and disconnected research. Our quasi-rational society and decision-making systems seem to demand increasingly quantified experimental proofs of the impact of various design parameters and goals. The positivist systems of management do not seem to trust human intuition, judgement and empathy, regardless of the fact that the history of architecture and design provide ample evidence for the irreplaceable power of intuitive and emotive understanding. Besides, the uncritical use of the computer has already practically eliminated sketching and drawing in the designer's work. This is not just a minor technical change in professional practice, but a fundamental change in the embodied engagement of the designer in the complex processes of design. All 'technical' devices actually change the mental essence of the architectural craft. I do not intend to object to the advance of technology, but I call for a reasonable criticality, and the understanding that there are no 'innocent' tools; all tools change us and our thinking.

As every architectural task consists of countless, often conflicting, factors and requirements, there is no totally rational and uncompromised solution to an architectural task of any complexity. Thus the architectural design process is bound to rely on the designer's intuitive judgement and ethical sense, evaluation and synthesising capacity, which arise more from an understanding of life and the 'natural history' of the craft of building than formal theories. I dare to say that the designer's sense of life and the essences of things is more important than any technical knowledge. Alvar Aalto makes a strong statement to this effect when he wrote:

> In every case (of design) one must achieve a simultaneous solution of opposites […] Nearly every design task involves tens, often hundreds, sometimes thousands of different contradictory elements, which are forced into a functional harmony by man's will. This harmony cannot be achieved by any other means than those of art.
>
> (Aalto 1985c: 124)

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Chapter Nine
Architecture, Place and the 'Care-Full' Design of Everyday Life

Jos Boys

9.1 Introduction

As many authors in this volume have noted, ideas about care are complex and problematic, taking on different definitions and resonances dependent on context. This chapter will focus on just one specific issue – investigating how ideas about 'care' have come to be translated into a common design method used in architectural education based on the concept of 'place'. I will suggest that one approach to teaching students how to design across the built environment disciplines (although of course with many variations and contestations) is to conceptualise caring through specific types of design thinking and doing – through caring *about how you act as a designer.* Rather than, for example, analysing how caring happens (or could happen) through and in the *occupation* of built space, 'taking care' predominantly comes to reside in the designers' own intentions and actions, and is thus judged in relationship to their perceived sensitivity and 'carefulness' in the design process. I will argue that while this is not wrong – and can produce beautiful buildings and spaces – the underlying assumptions and beliefs it expresses act to marginalise and make invisible other ways of conceptualising care within the built environment.

To explore this further, I will look at one design method used in architectural education – place-making – that, I suggest, helps to make concrete and 'obvious' this particular understanding of care, centred on the designing rather than the occupancy of built space. I will show how the idea of 'place-making' not only works to express a particular translation of human experience through a specific design process but

also acts to obscure other kinds of approaches. I will propose that the problem lies not in a lack of caring by architects and urban designers about what different people are doing in built space, but in the way that care is translated through the very framing of design thinking and doing itself.

The chapter begins with a brief outline of concerns around care and place within architectural and urban design, and then explores how place-making is linked to learning to design, through the example of a best-selling textbook, *Analysing Architecture* (Unwin 2009), written by Simon Unwin, now Emeritus Professor of Architecture at the Dundee School of Architecture, UK. The chapter will then critically intersect this design method, based on place, with other ways of engaging with care, informed by current work in disability studies, feminism, science and technology studies, and community-based design practices. This will suggest different design methods in relation to practicing care and caring differently. In these other kinds of approaches, caring starts from an analysis of actual, multiple, diverse and unequal everyday lives. It investigates how 'normal' and ordinary social and material practices operate to make concrete particular – differential – types of occupancy, and aims to use design as a means to ameliorate the most disabling effects of these practices. Finally, I will return to the idea of the caring designer, and of place-making, to explore how these might be re-articulated or re-thought through such alternative framings.

9.2 What counts as care in architectural education and practice?

Many authors have investigated the problems in architectural design education and practice when it comes to considering users and occupancy (Imrie 1998, 2003; Morrow 1999; Morrow *et al.* 2004; De Cauwer *et al.* 2009). For example, when De Cauwer *et al.* (2009: 2) investigated resistance to teaching inclusive design in architectural and urban education, they found that academics felt they were already providing a broad framework for 'societal consciousness' that would enable students to learn how 'to integrate all the necessary concepts and standards in their designs' and that specifically teaching inclusive design methods was considered too directive and/or specialist. This seems to suggest that thinking about care, if explored at all, is mainly learnt implicitly through design attitudes and approaches, rather than through any explicit engagement with what or how caring operates in and through built space. This has also been my own experience, both as an architectural student and as an educator. It is seen as a given that architectural designers will somehow learn to be socially responsive

and responsible (including, at later stages of training, an implicit legal obligation of 'duty of care'). But directly interrogating precisely where and how this happens reveals much ambiguity (Boys 2014: 54).

Based on both experience and research I have found that one dominant, but often implicit, process for teaching social sensitivity and care in design education is by inculcating a particular *attitude* to the design process. This emphasises what could be called a 'care-full' (full of care) design approach – that is, expressing care through a concern with specific context, with human sensory experiences and with the detailed crafting of materials and spaces. In the 1970s, when I studied, this was exemplified in the work of architects such as Alvar Aalto, Hans Scharoun, Carlo Scarpa (Figure 9.1) and Herman Hertzberger. More recently, the work and writings of, for example, Peter Zumthor, Juhani Pallasmaa, Alberto Pérez-Gómez and Stephen Holl (Figure 9.2) have again re-interpreted such an approach for a contemporary generation of architectural and urban design students, educators and practitioners.

Figure 9.1   Garden detail, Foundation Querini Stampalia, Venice, Italy by Carlo Scarpa. Image: Jean-Pierre Dalbera. Creative Commons Licence.

Figure 9.2 Entrance Foyer, Kiasma Museum of Contemporary Art, Helsinki, Finland by Steven Holl. Image: Joel Rosenberg for Finnish National Gallery. Creative Commons Licence.

These designers and writers are, of course, not the only influences offered in relation to becoming a 'caring' architect or urban designer; and they themselves were/are very varied in how they work and the buildings and spaces that have resulted. The crucial point is that, as Norberg-Schulz (1971: 59) wrote, this specific bundling of design attitudes and methods is explicitly concerned with 'a rediscovery of the world in the sense of respect and care…'. The supporting texts that have come to inform these approaches are predominantly informed by an architectural take on phenomenology, that is, with a belief that the essence of human experience can be intuited from a detailed and close observation of the material world, and its elemental forms (Bachelard 1964; Rausmussen 1959; Norberg-Schulz 1971). There is no space in this chapter to unravel the complexities of the theoretical frames and approaches of the many different architects and theoreticians listed; nor can it explore how phenomenology has impacted on architecture and urban design through time and across locations. I will instead focus on an example of how such ideas

about care in designing have become normalised and mainstreamed in one particular form.

I have chosen Simon Unwin's *Analysing Architecture* because it exemplifies such an approach, underpinned by a phenomenologically inflected attitude. Many of its references and case studies are based on architects and urban designers noted above, and throughout the book links a concern with human experience to the concept of place. Of course, the terms place, sense of place and place-making are used in many different ways. Place may describe the intangible quality of rightness that particular settings seem to have and that others do not; or the perceptions and special affections people hold for a particular location, and/or the shared character of specific social meanings deeply embedded in a material landscape. It is mainly used to suggest characteristics that make a place special or unique, as well as those that foster a sense of authentic human attachment, belonging and community. This differentiates it from 'space' – from locations that are experienced as abstract and meaningless – for example, what has famously been called the 'non-place' urban realm (Webber 1964). While place is almost always seen as a common sense positive quality, its description and value have also been contested – both in using the term to describe negative identifications such as fear (Tanizaki 2001; Tuan 2001) or to question the assumptions it contains (Massey 2004).

While arguments about the relative value of ideas of space and place have often been central to disciplines such as geography and sociology, the concept of place within architectural history, theory and education is largely linked to its direct precedents – particularly the older concept of Genius Loci, that is, the prevailing character or atmosphere of a place (and before that, the presiding god or spirit of a place), and to its use in landscape and urban design historically. As already mentioned, place in this understanding has become predominantly intertwined with phenomenology, such as in Norberg-Schulz's 1980 book *Genius Loci: Towards a Phenomenology of Architecture*. This is probably because ideas of Genius Loci in architecture and urban design also rely on the concept of underlying *essences*, on beliefs that there are elemental built forms that embody something fundamental about how we all live, and that we all share collectively inherited unconscious patterns of thought and experiences. Thus, a phenomenologically informed approach imagines both a detailed specificity to human experience (the feel of a door handle, the meaning of an attic) and a psychically shared unproblematic commonality to those experiences. The idea of place uses the same underlying logic, but takes it beyond the level of individual sensory experience to a wider society, so that particular groupings of buildings and urban spaces are seen as somehow containing deeply shared social meanings, comprehensible through 'common sense' to all of us.

9.3 The care-full design of place

How, then, do architectural and urban designers learn to create such 'places' that resonate with shared human experience and social meanings? Out of what kind of 'stuff' are such places formed? Unwin, in his textbook, aims to answer this question. He wants to explicate just how such design is undertaken, and to offer a series of clearly defined foundational steps that enable students to understand how to make places. To do this, in *Analysing Architecture* he outlines some design concepts and techniques as 'a framework for the analytical understanding of the workings of architecture […] as a foundation and stimulus for the creative activity of design' (Unwin 2003: 10). It is therefore about practicing building design rather than interpreting it, centrally relying on using drawing as a means of analysis and close examination. Here, I will delve into one aspect of this text: how it articulates the intersections between caring, place and occupancy. For Unwin (2003: 11), 'architecture is fundamentally about place; that place-making, or even just place choosing, comes well before (and can be more consequential than) the sculptured appearance of buildings'. Properly imbibing and then using the concept of place has the potential to produce a 'transcendental poetry' (Unwin 2003: 17), that is, built spaces that have multiple levels of meaning and significance.

What, then, is so important about translating architecture and its occupation through a concept of place as something to 'identify (recognise, amplify, create the identity of)' (Unwin 2003: 15)? The most immediately resonant reason is that place is not based on the superficiality of appearances, with its 'distancing' requirement of intellectual, visual or verbal interpretation. Rather it is about qualities embedded into material spaces, qualities that are themselves intuitively about the relatedness of bodies to a particular surrounding. While these qualities are specific to a context – which must therefore be carefully examined – they are also assumed to be based on an inherent, accumulated and universally shared common sense meaning-making, a kind of underlying elemental set of forms, what has also been called a 'Pattern Language' (Alexander 1977). Such an assumed sharing is seen as growing out of the power of elemental relationships (to warmth, to shelter, to bodily movements), which build through childhood (Bachelard 1958) and through history to become part of a shared psyche, based on the familiar and the traditional. Here, the problematic and simplistic functionality of the modernist 'user' (Hill 1998; Imrie 2003) is replaced instead by the archetype – that is, by an assumed 'typical' person whose relationship to space centres on a collective unconscious, drawn both from our primitive ancestors and from childhood memories and experiences.

For Unwin, such intuitive and archetypical recognition of the qualities of place nonetheless needs to be found, learnt and practised by design students, through observation and experiment. Rather than a fixed language, place-making is articulated as an evolving language of form and space. The design process is thus based on detailed diagnosis of specific situations. It does not limit design to a set of pre-given rules, but makes it instead centrally an *attitude*, a process of discovery and invention, developed by mapping and analysing through drawing existing spaces and forms. In his book, Unwin does not use the terms care or caring; but he does emphasise the importance of 'careful' design on several occasions. Informed by the architectural and phenomenological theories and practices outlined above, design should stimulate all the senses, offer comfort and belonging based on familiarity, connection and identity; grow out of the 'elemental' forms of architecture and urban design; and be undertaken through careful attentiveness and sensitivity to detail in the design process.

These seem such obvious, 'common sense' and *caring* engagements with architecture and urban design, that it can be hard to articulate critical and creative challenges. But the underlying reliance on archetypes, essences or elemental forms is in fact deeply problematic. While the emphasis seems so strongly on poetic and sensory human experience and the communality of shared social meaning, actual people *fail to appear*; rather, their assumed experiences and feelings are first projected onto and then read off built space itself. It is the *designer* who articulates the imagined experience, justifies it as shared and 'elemental', and then crafts detailed design elements in response. But where is a place here for the diverse experiences and perceptions of multiple bodies operating through the everyday social and material practices of a world that treats different bodies differently? What kinds of people, embodied experiences, and forms of inhabitation become valued, and who is missing or marginalised? Next, I will unravel who centrally occupies (has a place in) *Analysing Architecture* and who falls between the gaps; taking the two interconnected components of the proffered design method in turn – designing from the senses and experience, and building on elemental forms.

Unwin (2003: 21) starts with an important (and as he notes) strangely unconsidered question – what is one doing when one is doing architecture? He suggests that, in essence, this is about identifying the central elements of everyday life, 'places that through familiarity and use, accord with users' perceptions and expectations' (Unwin 2003: 23), giving drawn examples of a Welsh farmhouse interior and a temporary beach encampment. As he describes the first:

> Although nobody is shown in the drawing, every one of the places mentioned is perceived in terms of how it relates to use, occupation, meaning. One projects people, or oneself, into the room; under the blankets of the bed, cooking on the fire, chatting by the fireside… such places are not abstractions as one finds in other arts; they are an enmeshed part of the real world. At its rudimentary level architecture deals not with abstractions but with life as it is lived, and its fundamental power to identify place.
>
> (Unwin 2003: 24)

In the complex conditions of making buildings and urban spaces, then, the architect or urban designer must first place themselves as involved interpreters of the everyday. They must do this by drawing out simultaneously the specificities of the setting and the deep essences that it reveals. These deeper meanings will be obvious, because they are commonly shared by designer and imagined occupants alike. What happens, though, if we interrogate what Unwin calls 'primitive place types' more closely? What kinds of people and types of inhabitation are we all assumed to be projecting onto these scenes? In both the examples, of fireside and beach, what is being projected is a moment of conviviality, expressed through closeness to the light and heat of a fire or the sun, the comfort of an armchair, the pleasure of company. Here, the inhabitants are all 'normal' autonomous, rational subjects. What makes them different to the stereotypically functional user of modernist architecture is the focus on sensual and social experience. But these projected individuals do not have different kinds of bodies or different (unequal) relationships to each other or to resources. They are in the world in an unproblematical way. The material world, in turn, does not already have enabling or disabling effects on them. Everyone is assumed equal in access to the comfort of the armchair or the assumed pleasures of the beach.

So, we also need to ask what is unspoken or absent here? What are other, less comfortable and comforting, experiences of these scenes? What is it like for a woman doing the work that enables such conviviality to be achieved? What does the cottage scene feel like for someone whose sense of the homely (on which it partially relies) is different or fraught with negative associations and emotions? How does someone who uses a wheelchair experience the beach, except as a potential barrier to easy mobility? Who is being noticed, represented and valued here? Who is doing the observing, and what else are they bringing to their interpretation? And – just as relevantly – who is not appearing, or is doing the unseen and unrepresented work that makes such a scene possible? I will return to these questions in the final section of this chapter.

I have already noted how place-making as a design method projects assumed 'good' and essentialist social characteristics onto built space. This, in turn, enables Unwin, as he shifts from the domestic and 'homely' to the larger scales of city and landscape, to move away from individual sense experience and towards describing the 'elemental' language of the physical world itself. In *Analysing Architecture* these are organised through a sequence of chapter headings such as 'Temples and Cottages', 'Parallel Walls' and 'Transition, Hierarchy, Heart'. Some of these are more explicitly linked to phenomenological ideas, or to the language of Genius Loci, others to the assumed archetypical properties of architectural form, and yet others to the intersections between bodies and space. In its lack of obvious coherence or comprehensiveness, the book's chapter list shows just how slippery the 'obvious' common sense of place-making turns out to be. Unwin is honest about these difficulties: 'The framework for analysing architecture this book offers is not comprehensive. Many themes remain to be identified and explored; many more to be invented' (Unwin 2003: 205). But the underlying assumptions built into the attempt are clear. The inherent formal characteristics of the natural world (caves, mountains, boundaries, paths), of spatial geometries (axes, symmetries, hierarchies, frames, foci), of building typologies (frames, temple and cottage archetypes), of structural and material elements (roofs, openings, walls, stairs) and of environmental qualities (light, colour, temperature, ventilation, texture) are all seen to be imbued with shared meanings and characteristics through our collective psyches and embedded cultural memories – even if their complexity and variation is difficult to map or organise.

So, for example, Unwin suggests the concept of circles of presence operating at various distances between occupant and environment: 'Architecture uses [..] the circle of visibility; the intimate circle of touch; and the intermediate circle of place' (Unwin 2003: 126). Here he implicitly interlinks behaviourist and psychological understandings of the world with the formal elements of architectural and urban design and suggests that 'it is perhaps in the handling of circles of place that architecture can be at its richest and most subtle' (Unwin 2003: 101–102). An example of this phenomenon in *Analysing Architecture* is the Acropolis in Athens, described as a series of rings radiating out from its sacred precinct that uses the urban hilltop setting to both protect an inner circle, and make it highly visible across the whole city.

As with the cottage example, Unwin starts from an archetype, this time a historically renowned urban 'place'. Again, this raises more questions than it answers – there are people missing from this place,

or who are framed as excluded from it, or who have access only in particularly defined circumstances. In fact, concepts that try to pin down detailed aspects of urban place-making like circles of presence – by being offered as essentialist and elemental (and thus ahistorical and apolitical) – act to normalise particular geographies of privilege; to make invisible other interpretations of, and engagements with material space; and to negate the contested and problematic struggles for power, carried out about and through the designed landscapes. So, in addition to asking (as with the previous example) who is being projected onto this scene and who has been made absent, we must also investigate *in whose interests it is* to describe space in this way. Who is assumed to be sharing such a reading of the material world, in such an unproblematic way? Who has control over the manipulation of space in particular ways rather than others; and can create differential access to and experience of that space, while appearing to be designing the obvious and everyday? Again, I will address these points in the final section.

9.4 Re-imagining caring in architectural and urban design

Analysing Architecture is a very readable book, offering many possible tools and techniques for new designers. However, I have aimed to show that the focus on essentialist place-making as a form of mapping, analysis and design creation – when used in architecture and urban education – can be deeply problematic in how it links materiality with individual and social meanings. It appears to focus on people's sense experiences and deepest feelings, while leaving actual occupants (particularly in our complex diversity) out of the picture. In making these comments, I am not trying to suggest that architecture and urban design should ignore sensuous, experiential, contextual, poetic or meaning-making elements. Nor am I arguing for an architecture or urban design that is not care-full in its detailed making. Many fantastic and enjoyable spaces have resulted from these approaches. Rather I am suggesting that, first, this is a particular version of care that frames human experience in very particular and potentially limiting ways. Second, that it transfers analysis of human experience away from people and onto both built space and the designer's interpretation and 'sensitivity' in creating that built space. Third, by locating care in designer attitudes and processes, other ways of thinking about and practicing care through design is side-lined. As actual people vanish, subsumed under an assumed non-problematic and seductively meaningful archetype, differential and inequitable relationships to each

other and to built space also disappear. How, then, can we begin to re-imagine care-in-design, so as to bring both lived experiences and differences back into view?

9.5 Caring differently?

In this section, I will explore how caring can be (and is) conceptualised differently in architecture and urban design education and practice. I will show how the concept of care can also start from a critical and creative engagement with how disadvantage, marginalisation and disablement come to be enacted in particular ways rather than others. This involves better understanding of: how ordinary, everyday social and material practices operate to normalise differential experiences; the role that built space takes in these practices; and how the activities of building and urban design themselves are also part of these practices. Caring, here, becomes a commitment to understand and work against ordinary, unnoticed discriminatory practices, and to explore how – within the very real constraints of contemporary architectural and design practice – these might be critically and creatively rethought and redesigned. I will next consider three alternative ways of thinking about and practicing design. In each case I will briefly outline some of the frameworks and tools that might help, especially from disability studies, feminism and science and technology studies and then give an existing example of architects' and designers' work, offering a different kind of design students' handbook as an alternative to books like *Analysing Architecture*. These examples centre on: firstly, the deliberate disruption of the archetype as a way of engaging with occupancy; secondly, ways to interrogate the role of material forms and spaces in contested social encounters; and thirdly, the critical mapping, and creative re-invention of 'normal' everyday social and material practices, so as to challenge and throw open their underlying assumptions. In each case, attentiveness to, and 'care-fullness' in, detail is also central. However, what is being addressed here are not projected and 'common' sensory experiences, but rather the little things – the everyday details - through which disabling and enabling experiences come to be normal, everyday and mundane.

Designing from dis/ordinary figures

As I have shown, a crucial unspoken problem in much place-making work around architectural and urban design lies in its reliance on an implicit and unconsidered archetype. How can we engage much more explicitly with the particularities of this assumed 'everyone' and open up to view those that it leaves out? First, we need to expose critically

how the archetypical representation of our collective psyche and accumulated memories is in fact very particular, both in terms of what matters and what does not. In Gaston Bachelard's *Poetics of Space* (1964), for example - an influential text for many building and urban design thinkers and practitioners – the collective unconscious is understood to be formed through archetypical spaces like the primitive or hermit's hut, the cradle and the maternal womb. Here, our shared memories and psyches generate positive feelings around shelter and protection. But what about those who do not share such 'originating' spaces, that keep the normal consciousness 'well and happily housed'? As I have shown elsewhere (Boys 2014) Bachelard only mentions in passing the problem of people who have what he calls an abnormal consciousness - one that has been 'roughly or insidiously dislodged' (Bachelard 1964: 10). His examples are flat-dwellers and war refugees. But by blurring the potential gap between actual personal childhood memories (both his and those of other writers and poets) and universally shared archetypes, and between individual perceptions of specific spaces and a generalised sharing by everyone of what feelings those spaces provoke, he makes 'abnormal readings' simultaneously negative (because stunted or depleted) and invisible, since these are assumed to be non-normal. Here then, suddenly, we have exposed a group (the non-normal) who – through the very conceptual framework of place-making - are included as excludable, a term memorably developed by Titchkosky (2011). When, for example, architect Thea McMillan was asked to comment on the process of visiting Peter Zumthor's *Vals Therme* baths in Switzerland (Figure 9.3) with her child
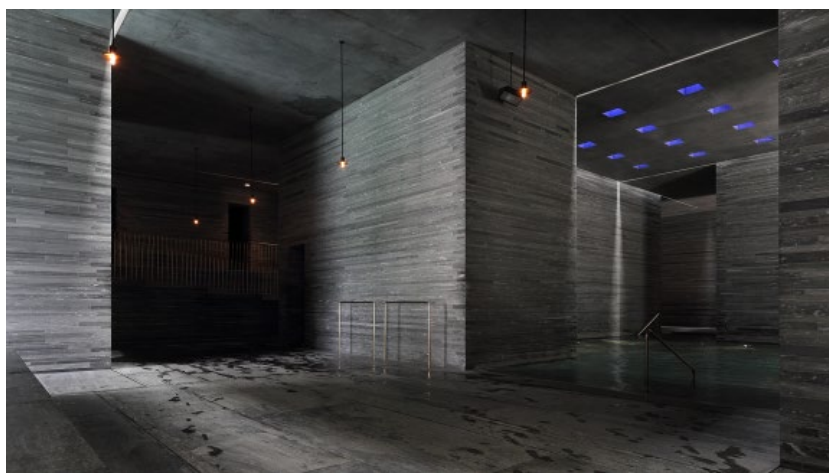
Figure 9.3 Peter Zumthor, Thermal Baths, Vals, Switzerland. Image: Kazunori Fujimoto. Creative Commons Licence.

who uses a wheelchair, she recognised both the importance of its sensory qualities, and a gap:

> Perception: coming into the space from above, the sound is first, then the weight of the leather curtain pushed aside, followed by smell. For anyone disabled who has learnt to use their senses differently to complete pictures, this place offers many different clues. The spatial configuration of open plan and smaller contained spaces and the connections between them, gives a complex aural feedback for the visually impaired to construct the space in their minds.

> Movement through the spaces, whilst not supportive of all wheelchair users, with its slow long flat steps, provides added layers of sensory experience for those who can climb them. As this almost offers the inclusive experience of moving through changing space, it seems a missed opportunity not to have a ramp.

> (Quoted in Boys 2014: 88–89)

What happens if we start reading statements like this, not as minor quibbles about a specific access issue that can be dealt with through 'retro-fitting' (Dolmage 2005), but as just one example where the specific shape of architectural design thinking and doing *itself* leaves out some types of experience, even while it gives intense consideration to others. How do we unravel the complicated intersections between experiencing steps as an 'archetypical' sensory experience, and as a more or less disabling means of moving around a building or urban space? And how do we analyse a 'place-making' design approach and process that values and prioritises the former, often at the expense of the latter?

In fact, many theorists and critics have explored ways of starting, not from essentialising archetypes or norms, but from provocative and deliberately disruptive alternative *figures*. Rosemarie Garland-Thomson (2011: 591), for example, suggests the concept of the misfit 'in an effort to further think through the lived identity and experience of disability as it is situated in place and time'. This important work exposes the assumption of 'fit' implied through a reliance on archetypes. Misfits exemplify awkwardness, instability and contestation:

> The utility of the concept of misfit is that it definitively lodges injustice and discrimination in the materiality of the world more than in social attitudes or representational practices, even while it recognizes their mutually constituting entanglement.

> (Garland-Thomson 2011: 593)

When, for example, Lisa Baraitser (2009) tries to describe herself (a new mother), she found herself to be just such a misfit. But as an

'encumbered body' experiencing the urban world, she looks to an unexpectedly analogous figure, the free-runner. She wants to capture both the difficulties and the 'oddly generative' qualities of negotiating space outside of the norm, of '[seeing] with fresh eyes both the broken and rude elements and the occasional objects that reciprocate back' (Baraitser 2009: 129). She wants to pay the same kinds of explicit detailed attention to negotiating physical space and objects with a small child (and all the associated contemporary accoutrements) as parkour requires of the free-runner. This is a care-full, detailed reading of the material landscape through its actual occupancy in a particular mode, which for Baraitser - as a new mother – is necessarily fully aware of the immediate present, of recurring interruptions and what she calls constant 'moments of undoing' (Baraitser 2009: 75) - a form of engage-ment that resonates with the important concept of 'crip time' (see, for example, Kuppers 2008). Such a figure offers a dynamic, embodied and endless encountering relationship with the material world. It neither recognises the projected and assumed normality and thoughtless ease of the comfortable armchair by the fire, nor the structuring logic that reads a commonality of experience off such a setting. It is a means to de-familiarise the familiar, so as to take better notice of the ways that starting from such dis/ordinary figures can 'allow the generation of new "raw materials" for experiencing ourselves, others and our worlds' (Baraitser 2009: 3). It is interesting to imagine just what kinds of drawings and maps might be undertaken here, and the alternative understandings of caring that are produced.

Interrogating architecture as formal language

I have suggested that, in *Analysing Architecture,* components in the formal language of architecture itself are assumed to be able to embed and then project particular collective social meanings. I have also suggested that this can work to obscure power, particularly the power to control those languages both in their initial making and in their later interpretations, in ways that leave particular people out of the picture. In *Queer Phenomenology* Sara Ahmed (2006) is particularly interested in the issue of who gets relegated to the background. She works through a critical re-engagement with phenomenology and re-explores Husserl's (1969) famous analysis of the experience of his work table (Ahmed 2006: 25–63), to show how there are people 'outside' of his detailed description who are made invisible by the concentration on the physical experience of the table itself, but are nevertheless an essential part of enabling the philosopher to undertake his work – his wife and children, the cleaner, the maker of the table, etc. To Ahmed, this suggests the additional concept of 'orientation':

> Orientations involve different ways of registering the proximity of objects and others. Orientations shape not only how we inhabit space, but how we apprehend this world of shared inhabitance, as well as 'who' or 'what' we direct our energy and attention toward.
>
> (Ahmed 2006: 3)

Thinking about how designed spaces are orientated acts to open up for investigation just what is noticed and treated as valid through architectural and urban design processes, and what is ignored or marginalised. I have proposed that the particular version of place-making outlined here tends to *orientate towards* specific assumptions about the built environment, as comprised of elemental forms and of human archetypes that are projected onto and then read off those forms. Simultaneously it orientates the design process towards the designers and their intentions and actions, and away from occupancy. How might we re-orientate and thus challenge this framing of architectural thinking and practicing? Again, many examples already exist. Here I will outline just two that open up aspects of the 'normal' formal language and components of architecture to critical and creative review. For example, in *Analysing Architecture*, movement is understood as 'lines of passage' – sequential journeys that are both orchestrated through our 'lines of sight', and map patterns of transition and hierarchy (from outside to inside and public to private for instance). Movement, then, is about how architectural geometries impinge on the body to express particular social meanings and relationships as one moves between spaces; where a 'flight of steps at the entrance [...] immediately raises one onto a plane above the mundane' (Unwin 2003: 161). As already outlined, such an orientation prioritises the poetic and phenomenological interpretation of space and obscures other understandings of occupancy, where entering a building may be both more pragmatic (to obtain services available inside) and problematic (where steps have to be negotiated as an obstacle). What if, instead, steps do not take on an elemental hue, but are deeply imbued with *contested* struggles over what constitutes 'obvious' social meaning and relationships. David Gissen (2013), for example, juxtaposes the now destroyed massive ramp that was built up to the Acropolis in the sixth century BC with what he calls the Romantic route, constructed in the nineteenth century as a difficult path up to the top of the site. This latter route, he argues, was a deliberate expression of both physical effort and carefully orchestrated 'lines of sight' deemed appropriate to the act of visiting such a ruin. Here the multiple meanings and contested power relationships built into, and then re-negotiated through time by different actors, are revealed. Instead of interpreting the lines of passage and circles of presence of a site like the Acropolis as essentialist and elemental forms that inherently work to make a place,

these are instead interrogated as changing and contested social constructions – as complex expressions of differential power and access (Figure 9.4).

In her project *Slope: Intercept* (http://slopeintercept.org/statement/) Sara Hendren engages with ramps in another way, by both mapping the multitude of 'ramps and elevations everywhere', and designing variations on this 'simple machine' as 'a poetic alphabet, or grammar of force in the built environment'. Here, the pragmatic dealing with the built obstacle of a level change in the urban environment is neither invisible nor merely a banal but necessary afterthought added onto the logic of place-based design. Instead the physical geometry of the inclined plane becomes itself a 'misfit', a means of critically and creatively disrupting the normal languages of architecture and urban design, that can be literally inserted into urban environments as a means of questioning what is already being done, and of opening up conversations about access in its widest sense (Figure 9.5). As she notes:

> I have designed a set of ramps that perform as a modular set of objects for multiple uses and appropriations. Muted but present in their design are features for use by unlikely bedfellows seeking elevations in cities: skateboarders, whose radical leisure tends to be unwelcome in urban centers, and wheelchair users in search of ramps for single-step entrances, a common access problem in cities like Boston and New York. These portable ramps work for *both* populations, making a surprising and poetic Venn diagram among these city users.
> (http://www.gsd.harvard.edu/#/projects/slope-intercept.html. Accessed 5 May 2016)
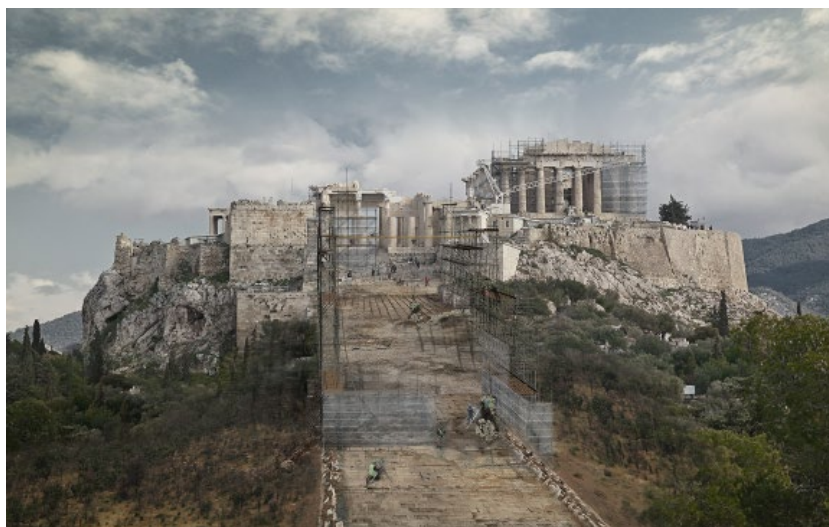
Figure 9.4 David Gissen (renderings by Victor Hadjikyriacou). Proposed Reconstruction of the Acropolis Ramp 2013. Image: David Gissen. http://htcexperiments. org/2013/02/14/new-project-disability-and-historical-reconstruction/

The role of architecture and urban design, then, becomes not the development of place based on elemental forms, but the mapping, analysing and challenging of assumptions about what makes a 'normal' place.

Built space and everyday social and material practices

With what has been called a 'material turn' in cultural theory over recent years, across disciplines as diverse as geography, sociology, anthropology, feminism, phenomenology and science and technology studies (Miller 1997, 2005; Latour 2007; Thrift 2007; Ingold 2011a, 2011b), there has been considerable interest in trying to understand better the dynamic interconnections between space, objects, people and practices. Rather than focusing only on representation (what things look like, what they mean and how we interpret them), such theories have become much more concerned with embodiment and situated actions (how our values and assumptions are embedded in, and remade through, what we do through various socio-material *practices*). As Galis writes, adapting such an approach from the perspective of disability studies, this involves:

> the analysis of situations where the interactions of bodies and materiality/ culture produce action or inaction, ability or disability. […] Different bodily forms, abilities and disabilities are not independent of architecture, but are mutually constitutive such that 'produced space' also forms 'social norms'.
>
> (Galis 2011: 830–831)

In the work of Bruno Latour, for example, and in science and technology studies more generally, agency is always generated through the shifting relationships between human and nonhuman 'actors'. It involves a delegation backwards and forwards between people, spaces and things. An automatic door, for instance, takes the place of using a door handle and the physical effort of opening and closing (Latour 1988). The act of opening a door manually is delegated to a nonhuman that then shapes human action. While there are many issues with Latour's approach (Elam 1991; Galis 2011; Whatmore 2012), what is important for the argument here is that he enables architectural and urban space and objects to be thought about not only as representations of the social, but also as a dynamic interaction through which the social is endlessly enacted, as everyday life. If thinking about orientation is a means of exploring what gets noticed and what does not, examining delegations between and across bodies, technologies, spaces and functions can expose how design processes and products come to support particular forms of action and encounter, and not others.

If, as I have suggested, there is a frequent delegation in architecture and urban design towards care as a type of design intention and method, realised through place-making and 'care-full' design, then how might we think differently? What kind of re-delegation would locate caring instead around *differential occupancy,* where design education and practice investigates how architecture and urban design acts with particular enabling and disabling effects for different social groups, and then aims for design improvements for those most disadvantaged by current arrangements? Sophie Handler's (2010) project with older women, called *Resistant Sitting* (see this volume) is one such example. Another is Amy Rose's (2015: 18–21) *Playing Out* project. This began, like *Analysing Architecture* suggests, with close observation through drawing - but in this case is not underpinned by notions of essentialist archetype or shared consciousness. Rather Rose interrogates what is missing (left *unrepresented*) in her own street and locality. As she writes:

> What does it mean to care, and how do we express that through our own action, however small? Small has been a really key idea within my own practice since the inception of *Playing Out.* My relationship to what has since become a national support organisation and social movement started with a very small, really tiny practice.
>
> […] in late 2009, I just did a small thing. I just drew a little picture of my street. I just drew some children playing with a barrier across to stop traffic. My own past as a street performer had got me interested in the built environment, the street wasn't a new interest for me, but when I found myself at home with small children, I started making pictures. I started doing a practice of taking a photograph of a space in the street and then drawing into it in some way, just affecting it in some way. […] But then I started to notice things happening and they weren't things that I expected. The images I'd made started to link to other people's thoughts and actions and they started to have consequence in the world.
>
> (Rose 2015: 18–21)

These consequences were a series of street improvements and – crucially – an agreement to close the street to traffic on a fortnightly basis to enable its occupants to take over the space – particularly for children's play but also for informal social interaction – which the national organisation now helps facilitate more widely (Figure 9.6). Here, then, we have exactly that attention to detail and to everyday sensory and intimate experiences that the design method outlined in *Analysing Architecture* also values. But by using drawing as a means of investigating what is not there, or what could be there, rather than to depict assumed 'essences', and by using these drawings as part of an

Figure 9.5 Photographic montage for Slope Intercept project by Sara Hendren. Image: Sara Hendren.

Figure 9.6 Playing Out hosts a mass public chalking event on the theme of belonging, for the opening of M-Shed, Bristol's museum of history and heritage. Image: Toby Farrow.

outwardly extending participatory process rather than to inform the designer's own intentions, a different kind of caring is being articulated.

9.6 Conclusion: from places to practices?

This chapter has proposed that both caring and place-making – as these have often been framed within architectural and urban education – should be more explicitly and critically examined. We need to develop a better understanding of the impacts of a focus on caring centred on the designer – on the importance of sensitivity and carefulness as expressed through their attitudes, intentions and design methods. This is because such a version of care also has the potential to produce a certain kind of *carelessness* about differential access and exclusion to the urban world. It can fail to take notice of the inequitable interrelationships between diverse everyday lives and the occupation of material spaces and can avoid considering how this is embedded in our very ways of thinking about, and designing for, the built environment. The chapter has also suggested that place-making is not a simple and 'common sense' design method, but one that is complex and problematic, that can simultaneously appear as deeply humane and caring, and yet obscure the inequalities and invisibilities in everyday social and material practices.

Challenging this particular version of how care and design should be connected does raise some further issues. As already noted, it is not to criticise 'caring designers' but to unravel assumptions about what care is, where it lies, and how it is expressed and valued. It is also not an either/or argument; care in the process of design does not inherently exclude an engagement with inequality or care *about* people and difference. And although the particular use of place-making as a design method outlined here – underpinned by a limited version of phenomenology – is problematic, concepts of place have also been used in a more relational and explicitly political way, for example, in Jane Jacobs' seminal work on the American city (1961) or Doreen Massey's consistent challenges to its essentialised and static variations (1991, 1994, 2004). Massey's understanding of places as having multiple identities, as being processes not things, and as having porous and uncertain boundaries, aligns very much with the concerns here, and suggests that rethinking how ideas of place might inform architectural and urban design differently would also lead in interesting directions. However, the underlying move in this chapter is towards focusing on *practices* rather than on places. This is because starting from everyday social and material practices is inherently about differential relationships,

encounters, resources and access, always between and across people, spaces and objects. Concentrating on practices avoids the risk of defaulting to a common sense essentialist position around place.

To re-think design approaches and methods around a notion of care that centres on addressing inequality and includes a commitment to social justice is difficult, politically charged and fraught with complications. And it is also happening, as my examples have shown. Here, I have not focused on any particular identity (disabled people, older people, women) but on a few examples of how to unravel *disabling* practices, across the many diverse locations where these are embedded as normal and unnoticed. I have merely begun to hint at what an alternative kind of design methods manual for students might look like, what questions it would pose and what kinds of examples it would contain, if we were to make social responsibility and care much more explicitly central to architectural and urban design education. Ultimately the aim is to begin to imagine a world where as well as having books on building and urban typologies or on technical detailing, architects and urban design students and practitioners would have books that critically unravel social and material practices. These would map our diverse strategies and narratives for intersecting with built space, laid out both to open up their inherent ambiguity, partiality, inequality and contestation, and to offer up gaps and opportunities for positive material and social change.

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Chapter Ten
Ageing, Care and the Practice of Urban Curating

Sophie Handler

10.1 Introduction

Within public policy and its related field of social science, interest in 'urban ageing' has been growing steadily over the last decade. The unprecedented trends of rapidly ageing and urbanising populations – by 2030 two-thirds of the world's population will be living in cities, with at least a quarter of those urban populations predicted to be aged 60 and over – has led to policy programmes and research initiatives focused on addressing these challenges (Phillipson 2011). The World Health Organization's (WHO) global initiative on Age-friendly Cities, launched eight years ago, is perhaps the most successful of recent attempts to address the twin trends of ageing and urbanising populations through a global network of member cities. There are now some 287 participating communities across the world committed to making their environments more age-friendly (WHO 2014).

Projects and initiatives like these represent concerted attempts to address the long-standing marginalisation of older people within urban life, and the particular way in which their relations shift gradually into spaces that are publicly obscured. Such interventions also provide alternatives for thinking beyond the marginalised ageing figure, via citizenship-based models of ageing, where older people are seen as active agents in the work of producing and reshaping cities (Handler 2014: 16–18).

But while these initiatives gain traction within a policy arena, the focus on older people's changing relationship to urban space has not, as yet, moved into the field of architecture, design and spatial practice. Even as recent schemes by the Royal Institute of British Architects (RIBA) have started to open up a critical debate around ageing

(RIBA 2013, 2014), the very subject of ageing still tends to be contained within segregated settings (sheltered housing complexes, retirement homes), where ageing is, quite literally, set apart from public life. Or else the subject is reduced to design considerations around the 'ageing body', containing ageing in its own way as both privatised and individualised, within the personal sphere of physicality. In this biomedicalised design discourse, conversation revolves around body-bound issues: assistive technology (to compensate for diminishing function); design standards for lighting in extra care schemes (for failing sight); attentiveness to the material surface of paving (to support mobility in an otherwise 'resistant' material environment). These forms of practice, inadvertently, end up replaying what Kathleen Woodward describes as the dominant Western, body-centred trope based on the nineteenth century 'science of ageing', where ageing appears as a medicalised problem to be 'solved' (Woodward 1991: 193).

This approach finds its own parallels within a certain tradition of design practice, where design operates as a problem-solving discipline: a rational, utilitarian method. In this context, design tends to adopt the prescriptive and universalising vocabulary of standards, guidance and checklists, while 'the urban' is rarely discussed in the citizenship-based terms of agency, 'public space' or the 'right to the city', but in the more neutral terms of the 'outdoors' and the degree to which it can be accessed at all. Here, the measure of a supportive environment is understood through moves to minimise the impact of the 'obstructive material environment' on the ageing body and the provision of supportive features: clean public toilets, well-maintained street lighting, level access, wide non-slip pavements (Handler 2014: 61–63).

But what if this discourse and practice around ageing were opened up? What if considerations of 'the elderly', 'ageing' and 'growing older' were moved beyond the problematic representational politics that sees design 'for' ageing as limited to a problem-solving, body-bound practice, as a caring for the ageing body focused on questions of dependency, decline and need? Is it possible to see past design as a solutions-driven exercise to generate more critical, reflective and open-ended forms of thinking and practice around ageing? And could these other kinds of spatial methodologies be understood as a form of caring labour?

10.2 'Urban curating' and the spatialised practice of care

Borrowing from feminist thinking (Gilligan 1982; Tronto 1993; Held 2006; Tronto 2006), this chapter suggests that concepts of care offer tools, techniques and forms of expression that provide something

beyond the more familiar repertoire of design practice on ageing. These methods would not ordinarily be seen as serious and valid approaches in the ageing field, a sector dominated by the rationalist, empirical discourse of social science, policymaking and inclusive design (Koskinen *et al.* 2012). But a practice based around the ethics of care can offer new ways of entering into the contested terrain of ageing, and, in the process, reclaim the loaded term of 'care' in contemporary discourse as a creative and activating form of intervention.

The spatial potential embedded within an ethics of care is explored in this chapter through the specific notion of 'urban curating': a term coined by the architect Meike Schalk as a way of foregrounding the possible relational – and, arguably, more caring – dimensions of urban design practice (Schalk 2007). Derived from the Latin *curare* for care, curating etymologically already carries its own association with care – only here, in the practice of urban curating, it appears as a caring for those possible connections built up between people, places and things. For the urban curator, this means working in ways that challenge the conventions and ethical priorities of professional design practice, privileging the marginal and more easily overlooked relationships between people and environments.

In this sense, much of the work of urban curating involves drawing out the hidden narratives embedded in place: gathering urban knowledge that often remains 'unheard or is overlooked'; drawing together other perspectives – new, lost, marginalised; developing ways of thinking through and incorporating difference (here, the suppressed narrative of ageing in public space) and connecting these other narratives, so easily left out of planning processes and policymaking, back into the level of official discourse and challenging current 'limits in communication'. Within all of this, working without professional title, the urban curator appears as a kind of 'mediator between actors, forces, processes and narratives' (Schalk 2007: 161).

There is a particular strength within curating practice that, arguably, eludes the professional practitioner. Operating in-between roles, the urban curator is not weighed down by the associations of object-production and authorship to which the public-professional status of the architect, designer and artist will always, in some way, be bound. In this space without professional definition there is greater room for experimental practice, not normally admitted in planning processes. This includes the possibility for 'interference', for working tactically 'in-between', for testing out 'new forms of participation and connectedness' (Schalk 2007: 165).

In this version of urban curating, caring appears as a wilfully disruptive practice: of playful-constructive actions, writing, propositions, generating different layers of discourse around ageing from public policy

through to playful fantasy – using 'ludological' modes of practice as a way of inverting authority, accepted norms and stereotypes around the generational use of urban space. This more gently subversive tactic opens up a democratic space of communication and action in which (mis)users of urban space are enabled to become critical readers of and agents within their own environments, challenging the dominant utilitarian image of design, perpetuated through public policy, as a functionalist, problem-solving tool.

As the remainder of this chapter demonstrates, this kind of careful interference involves forms of experimental practice where critical reflection on ageing is provoked and teased through playful disruption, interference and provocation, as opposed to being articulated through authoritative and prescriptive statements. Discussing a series of urban curating initiatives, this chapter suggests that in a paradoxical equation, care within spatial practice may, at times, necessarily involve forms of action that appear to be ostensibly disruptive, interfering and carefree.

10.3 'Making space for older age'

Ageing Facilities is an informal, practice-based research platform that has evolved over the last 10 years as a mode of urban curating. Taking on different guises, from creative writing to temporary urban interventions, *Ageing Facilities* has deliberately set out to question contemporary dialogue and practice around ageing through a series of *What ifs*. What if it were possible to enable more playful-critical forms of practice-based thinking *beyond* the figure of the problematised ageing body? What if you were to disrupt more instrumental understandings of elderly experience of urban space? What if the hidden spatial tactics of 'the elderly' were amplified and gently extended? What if you offered up, in propositional form, other fantasy ways of relating to urban space in older age and began to articulate forms of caring practice where design operates with a remit beyond simply improving function and utility?

Design practised in this other way becomes concerned with: building empathy, working closely with marginalised groups, 1:1, over time; revealing hidden narratives and stories; facilitating other ways of inhabiting urban space by drawing on the 'playful-constructive' tradition of Situationist urban critique (Sadler 1999: 77). Playful subversion, it should be noted, is turned here into a form of caring labour: a way of re-imagining and re-configuring otherwise routinised perceptions and uses of space, and a way of engaging with the interior fantasies, desires and emotions that connect people to place.

In practice this has involved, for instance, *Civil Twilight* (2008), a 90-minute action performed with a 50+ dance class in a small park in East Ham that challenges the way in which public spaces – and their temporalities – become inadvertently generationally constructed. The action is, effectively, a distorted re-enactment of a lost local tradition of dancing in the park on a Saturday afternoon, only here acted out as a 'take back the night'-style reclamation of public space after the park gates have closed. In a context where ordinary 'elderly' routines are marked out by more self-limiting, risk-averse behaviours – the fear of going out after 4 p.m. in winter when it starts to get dark, or the feeling of vulnerability when visiting the local park – an action like this starts to take on added meaning.

Another ongoing project, *Resistant Sitting* (2008), sets out to reveal those informal practices adopted in older age to help navigate what gerontologists call a 'resistant material environment' – sitting in the wrong place in the absence of the publicly provided seat. The project is essentially a rigorous cataloguing in close detail of the location, dimensions, characteristics of ad hoc, 'found' seats: low walls, bollards, empty stretches of supermarket shelving (in Poundland) – and giving these utterly ordinary, if easily overlooked, acts of sitting out of place a formal value in the adopted format of a 'corporate' local authority street furniture guide.

Civil Twilight and *Resistant Sitting* are both ground-level actions that have involved moving into contested terrains of the public sphere: exploiting the interstitial, borderline gaps in urban space – the liminal zone of a park-by-twilight, the sat-on boundary wall, the re-appropriated supermarket shelf. But there is the fantasy element of *Ageing Facilities*' practice, too: drawing spatial propositions out of ordinary encounters, teasing out people's fantasy relationships to urban space in older age that challenge the functionalist, problem-solving focus of design in a different way. *Audio Aid* (2010) is a propositional project that involves the design of a re-conditioned object that is then used as a prop to prompt conversation – here for talking about accepted codes of generational conduct in public space. The age-stigmatised four-wheeled-Sholley trolley reconfigured as an object beyond functional utility (the trolley works as a disruptive sodcasting device for hire), becomes the provocative pretext for talking about standards of age-appropriate behaviour.

There is also the broader ongoing work of this practice that takes place, in a sense, off-site in the space of language: challenging the representational politics of ageing through experimental textual forms. Drawing on the linguistic play of architectural and conceptual art practice (Osborne 1999), what Jane Rendell terms 'site-writing' (Rendell 2010), this kind of writing around ageing starts to articulate its own vocabulary of care. Making space for 'other' narratives around ageing,

these playful-constructive textual tactics become an alternative site for spatial practice, enabling different forms of representation and expression and providing a way of engaging with the representational politics of ageing as much as with the ground-level realities of place.

There is the *trompe l'œil* dictionary page, for instance, intended for public display: a glossary of terms drawn as if from the page of a dictionary that unsettles as much as it starts to define key terms of ageing – 'aged', 'old', 'over-the-hill'. There is the kind of writing that uses the visual language of the inflammatory essay, borrowing from the artist Jenny Holzer, as a way of playing with and challenging the alarmist rhetoric of 'apocalyptic demography'. There is the idea of the subverted hypothesis: using a hypothesis not to frame a problem-solving practice but to unsettle, trouble, question instead. The guiding hypothesis that has framed *Ageing Facilities*' practice states: 'if public space is the space between home and work (Shonfield 1998) then does public space suddenly expand with older age?' Read in this way, the hypothesis becomes instead a call to arms. The most recent of *Ageing Facilities*' text pieces moves into the realm of policymaking and involves the adaptation of a familiar corporate word game (jargon bingo) as a game to quietly record and undermine the neologisms of 'age-inclusive' discourse across public policy and design. This is a game that tries to open up a space for reflective discourse around ageing across professions and disciplines.

It is important to note that there is this other, less grounded dimension of *Ageing Facilities*' practice. Words, writing and language become a way of making manifest, caring for and creating space for thinking about the way in which ageing and older age is digested and reconfigured: in the language of the everyday, in policy, in academic discourse, across disciplines between social science, design and critical theory. As a tactical practice, these textual games have the capacity to inform the strategic landscape of policy documents and the way in which they are read, as *An Alternative Age-friendly Handbook*, conceived as an unorthodox policy document, starts to absorb some of the tactical textual mechanics of *Ageing Facilities*' practice. The Handbook's glossary of terms borrows directly from the playful form of the *trompe l'œil* dictionary page (Handler 2014: 7–10).

10.4 Other stories on growing old

Telling stories is, perhaps, not the most obvious starting point for developing a grounded spatial practice around ageing but it is where the work of *Ageing Facilities* began back in 2006, as a part-fictional project, *The Fluid Pavement* (Handler 2006); that used the site of a

Figure 10.1   The Fluid Pavement and Other Stories. © Handler (2006).

semi-fictional book to confront the spatial marginalisation of ageing and, through the storyline of that book, open up its geography (Figure 10.1).

Written out of a series of 'ordinary encounters' with older people across the London Borough of Newham, *The Fluid Pavement* is a fictional story – in part. The by-product of an eight-month long pseudo-ethnography, the story tells the tale of its own wandering research journey: following the trail of the local housebound library service through hospital wards and sheltered housing complexes, pairing up with Edith on her shopping trip (down to Rathbone Market), signing up for Barry's weekly tea dance classes in Canning Town (returning to the class week after week), visiting the borough's designated warm zones (for the over-50s) in winter, sitting with Zina on her bench in the park.

The Fluid Pavement is a story of ageing told in a particular kind of place. Newham was, and still is, undergoing rapid regeneration, where older people represent, demographically at least, an already heavily marginalised group (Newham has one of the smallest number of older people as a proportion of its total population), and ostensibly was/is the wrong kind of place to be thinking about ageing in a context where the cult of youth, in political and planning terms at least, dominates. But there is a certain logic to working in sites like these, within an

already marginalised setting, where rapid regeneration leaves its elderly residents behind, exposing the hidden generational biases embedded within the geography of a place and prompting, in turn, a more questioning series of *What ifs*. What if the generational dynamics of a borough were turned on its head? And what if a place aligned with the regenerative prospect of youth were mapped out through its older population instead (Handler 2013)?.

Weaving together these stories collected over the course of those eight months, *The Fluid Pavement* documents this wandering exploration of how relationships to public space start to alter over time and with age. It retells those all-too familiar tales of loss and physical constraints, the difficulties of navigating the space beyond your front door, the disorientating effects of seeing a landscape change around you when your relationships to a place have been built up over a lifetime.

But it is a story that starts to articulate, beyond a catalogue of losses and mounting needs, a playful counter-narrative too. Introducing other kinds of stories, *The Fluid Pavement* draws out what is, in contemporary discourse on ageing, all too easily overlooked: the ordinary and everyday tactics for getting out and about – using mantras and mirrors, for instance, to get out-of-the-house; the suppressed desires and fantasies linked to place – emotional geographies. Replaying these other kinds of stories involves writing in the register of what Julia Kristeva has termed a more immediate, intuitive 'counter-power' of the emotions (Kristeva 1998: 18), drawing out the felt content in the subject of ageing that so often gets left out: exposing contradictions and taboos, things easily glossed over – anxieties around death, the fear of finitude, the idea of ageing disgracefully as much as 'with dignity', 'successfully'.

Its form borrowing from Patrick Keiller's 1994 film *London*, *The Fluid Pavement* is told through the double voice of two differently ageing narrators: a split authorial personality that makes it possible to explore these complexities, contradictions and taboos around ageing. Each voice starts to replay and move beyond stereotypes that associate ageing with a retrospective image of a place. They play into and explode infantilising 'second childhood' stereotypes. They start to explore those temporal distortions of what Simone de Beauvoir called 'prospective identification' (Woodward 1991: 13) – what it means, or how you might as a researcher, writer, practitioner, narrator think into older age from a position of relative youth.

As a spatial practitioner, adopting the guise of a story-gatherer/ storyteller is perhaps not that different from other methodologies: auditing, the ground-level practice of consultation, site analysis. Fiction can, in this sense, be seen as operating in many ways as an alternative kind of mapping. And yet, fiction, as a form – through the structured aesthetic device of storytelling, its narrative arcs, its safe, protected

space of fictionality – allows something else to be revealed in more depth and nuance than what other representational systems might otherwise permit, its expressive freedoms admitting what other forms of more commonplace writing on ageing cannot. Moving away from the instrumentalising discourse of gerontological practice, this is a story that makes space for emotion and affect, contradiction and play – and fantasy too, and so is able to go beyond the stock narratives around ageing that carry an overly-retrospective focus. The *dénouement* of the novel shifts, deliberately, from a retrospective to a prospective/fantastical identification with place, ending with 10 spatial propositions or future scenarios, 'from the sublime to the absurd'. These are playful extensions drawn out of the storyline itself that offer up other ways of laying claim to the public realm 'even in older age'. Such wilfully absurdist speculations offer 'solutions' of their own to 'the problem of ageing': 'fluidified' pavements for recovered ease of movement; pensioner-twinned trees to reinstate a balanced sense of an age-equivalent relationship to urban space. And yet in spite of their deliberate absurdity, these propositions end up turning into briefs for real-world interventions acted out two, or three years later on.

In this way, the novel starts to take on its own concrete reality and after-effects. Returned into the landscape out of which it emerged (*The Fluid Pavement* is now circulating via the borough's mobile library for its readership of housebound pensioners), the subjects of the story become its active, critical readers in turn: seeing their stories reflected back and, later, turning into participants in the longer-term project of acting-out the fiction's fantasy propositions. On the morning of Wednesday 21 March 2007, the book was 'launched' on the mobile library bus with *The Fluid Pavement's* main characters sitting at the back, the bus winding its way across Newham through the storyline of the book: past Joan's low wall, Zina's bench, ending up at that 'double avenue of trees gone missing'. The bus arrives in the park (the one with the missing trees), the endpoint of the tour while Zina, Edie, Eileen and others vote on their top three propositions – those they would most want to be realised from the book. This is how the interventions came about: *Civil Twilight* from (pp. 94–95), *Resistant Sitting* (out of *Joan's Accommodating Low Wall*, pp. 110–111).

10.5 Acting 'otherhow': extending duties of care

The current instrumental focus on design for ageing offers little room for this kind of more experimental, playful-constructive practice of direct action, co-production, fantasy, fictional experimentation, play.

These methods feel out of place and marginal within the mainstream of work around ageing. And yet they are forms of practice – tactics, interventions, creative methods – that are, by now, common currency within a fast-broadening field of socially-engaged urban practice: the urban tactics and acting 'otherhow' of Doina Petrescu and aaa (atelier d'architecture autogérée) – an activist form of micro-political urban practice (Petrescu 2007); the 'spatial agency' described by Awan, Schneider and Till – a privileging of nonarchitecture (Schneider and Till 2009; Awan *et al*. 2011); the work of Jane Rendell – that describes the dual operations of a transformative spatial praxis that is both 'desirous of social change' but also, self-consciously, critically reflective (Rendell 2006).

These emerging forms of socially-engaged spatial practice can all, in one way or another, be seen as responses to the realities of contemporary urbanisation: the fragmentation following on from rapid urban development driven by profit-motive, privatisation and homogenisation (and its threat to public space); the social dislocation that follows on from urbanisation; the deepening trends of injustice; the masking and marginalisation of different subjectivities (the elderly, for instance) left out of these processes of change.

For the discipline and profession of architecture and design this emerging field of socially-engaged spatial practice has meant the construction of a different kind of narrative around what architectural theory and practice entail in an urban context – when theory and practice commit to building an ethical space of urban production. This is a narrative that has started to expand the definition of architecture, moving it beyond the object-based concerns of commercial practice (building for profit) and the tendencies of the profession to defer to a star-system of professional accolade. It is a narrative that has been able to start reworking 'professional' modes of design operation: as architecture becomes a way of generating practices that are socially conscious and reflective, both ethically and critically. This new way of working has involved developing more combinative methods: blending poetics with politics, fantasy with social change; experimenting, through the techniques of art practice, with different temporalities and scales, acting repeatedly through temporary interventions and shifting the modes and moods of practice too, working between the critical, the polemical, the ludic.

In a methodological hybridisation of practice it is possible to see architecture, as a contained discipline, open out through its social commitment into a shared ground of collaboration: borrowing from the methods of an expanded field of art practice; combining more closely, with the work of critical geography, urban sociology; making space for involving others, including non-professionals, as theorised

conceptions of agency foreground, through processes of participation and collaboration, the users and inhabitants of a space. Meanwhile, new hybrid methods have started to create other roles that facilitate the hidden relational dynamics of urban practice, among them the aforementioned urban curator, a figure conceived from within architecture but who works beyond its conventions through a practice of connection and facilitation.

Jeremy Till articulates this broadened-out commitment of the architect to a public realm of social engagement through the metaphor of care: reframing those duties of care to which the architect is contractually bound, via legally inscribed codes of conduct, to ask what if duties of care to the client were extended to society more generally (Till 2009)? In its loosest sense, it is possible to see a duty, or rather a basic drive 'to care', embedded within all these various forms of socially-engaged urban practice – although such motives might not always be openly articulated. Urban curating already carries, for instance, its own connection to care (though silently). For Schalk (2007), urban curating remains outside the discourse of care even as it is a practice already concerned with the dynamics of interconnectedness and facilitation. These silent caring motives, though, raise the question: as duties of care are extended to society more generally is it possible to imagine an expanded field of care, to talk openly about urban practice and the production of urban space as a form of caring labour?

Developed by feminist theorists Carol Gilligan, Virginia Held and Joan Tronto, ethics of care offer a useful framework for thinking about this expanded field of socially-engaged spatial practice and the particular concerns that it might take on (Gilligan 1982; Tronto 1993; Held 2006; Tronto 2006). Crucially, such care-focused theories acknowledge the role of empathy, interconnection and interdependence as moral drivers of practice where typically these are overlooked, enabling a thinking beyond the problematised ageing body. They privilege – and make space for – the particularity of specific relationships, encounters and interactions with others (the close detail of an encounter, a given moment over universalising abstractions). They offer a way, too, of admitting emotion, affect and empathy as integral to the working mechanics of spatial practice, acknowledging that our relations cannot be defined by a framework that is wholly rational, abstract, or devoid of feeling.

Care-focused theories evolved out of, and traditionally centred around, the caring labours of motherhood: the particular labours of nurturing, giving preservative love, facilitating socialisation. But, as a theoretical framework of diverse activities, and as opposed to an abstracted set of guiding principles, care-focused feminist ethics has,

Kim Trogal demonstrates, broader implications for spatial practices that exist outside the ordinary economy of urban production (Trogal 2013). These are activities not always given formal value, but their effects are material enough. These are caring labours that involve more than simply the caretaker's work of repair or maintenance of a site, place or space. These are activities that involve a complex set of interconnections.

10.6 A vocabulary of caring labours

Extended here to a spatial practice self-consciously engaged with 'ageing' and 'older age', theories of care help give 'form' and value to *Ageing Facilities'* less tangible activities. They acknowledge, for example, the silent work of building empathy via activities that might involve revealing and amplifying hidden stories, or mirroring, reframing and disseminating them, making such stories accessible to different audiences in different ways. There was the deliberate decision, for instance, to return *The Fluid Pavement* (via the housebound library service) back into the landscape out of which it emerged, and to use the formal device of the Large Print story – i.e. printed as a fully-accessible product in 16 point type – to make the narrative literally accessible. But the fictional space of the large print story also becomes an arena for constructing access differently: building an empathetic space that is able to accommodate those less easily digested complexities and contradictions that are revealed through its found stories. Which is a different way of thinking about accessibility (beyond legibility), as fiction allows for uncomfortable stories to be laid bare: replaying stereotypes as a way of exposing and undercutting them; introducing uneasy contradictions and disquieting truths, and generating stories around ageing beyond stock narrative.

There is the interconnecting dimension of this 'caring' practice, too, that builds through the dynamics of facilitation. The work of enabling agency, for instance: connecting hidden stories as a way of activating practice, enabling alternative (mis)uses of space as a mode of shifting the category of 'older person' out of the negative abstraction of a passively ageing body. Through these interventions (through *Civil Twilight*, *Resistant Sitting*, *Audio Aid*) groups of older people are enabled to become, in a sense, informal planners of their own environment – momentarily at least.

Paradoxically perhaps, this is a kind of facilitation that involves the disruptive activities of interference: working more playfully, subversively, along the lines of an *agent provocateur*, challenging normalised

uses of spaces and offering alternatives instead. Propositions and fantasy become a way of inciting/enticing action but they also connect back creatively into the mainstream of policymaking via alternative format policy publications – see, for instance, *An Alternative Age-friendly Handbook* (Handler 2014).

There is a particular micro-scale that marks out these less visible activities of care, making space for the particularity of a moment. This is the caring labour of close listening and looking; of attending to the specificity of an observed moment, or something overheard; of mirroring and building on these as a way of constructing empathy and engaging with the emotional content of people's experiences, frustrations and desires. These are, necessarily, activities that take place in close proximity to others. Noticing, being sensitive, attending to the particular detail of a relationship to a thing, a space, a feeling, tone of voice, these can occur only through encounters that take place face-to-face: picking up on the hesitancy of a passing remark, catching the uncertainty in Joan's voice as she talks about sitting on someone else's boundary wall that inspires, in turn, the full-scale reconstruction of a section of that particular sat-on low wall as a *papier mâché* prop for drawing out conversations on other kinds of sitting.

Petrescu calls this the 'expressive gesture' of care: the 'care in the string that ties a stalk to a cane' (Petrescu 2010), which is a way of acknowledging those ordinary acts of care that exist within a particular spatial relationship between people, places and things. In the annotated small print edition of *The Fluid Pavement* (housed in the RIBA library) there are 160 endnotes that minutely account for each constructed moment, tracing the storyline of the book back to the exact time, place, and particular encounter out of which this part-fiction grew. In an alternative kind of relational referencing system, the endnotes record and make visible the minutiae of encounters that lie behind the story's construction, rendering it both more real and human(e). Similarly, there is the personalised naming of *Resistant Sitting*'s street furniture parts: 'Sybil's bollard', 'Len's low wall' that make manifest people's hidden relationships to urban objects and things – a gentle antidote to the anonymous objects of the public streetscape and an expressive gesture of its own.

There is a particular kind of temporality that gets played out through this practice – and its disparate activities build on each other over time. Like the caretaker, there is the attempt to maintain and build a degree of sustainability into these otherwise temporary interventions. A permanent weatherproof electrical socket is installed outdoors in the park in East Ham as part of *Civil Twilight*: a way of enabling future dance-based actions to happen beyond this otherwise one-off

happening.[1] Similarly, *Audio Aid* is accompanied by its own assembly manual to enable DIY adaptations of other shopping trolleys into similar sodcasting devices. There is another kind of sustainability and maintenance that occurs within these projects, too, in the act of persisting with an initiative beyond its original parameters: the ongoing project of *Resistant Sitting*, for instance, to map out informal sitting spots elsewhere, beyond Newham, five years on.

Moving between different modes and sites of co-production and expression, across professional as well as disciplinary boundaries over the last 10 years, there is a longevity to this practice that has made it possible for each action and initiative to lead to the next – cumulative in its effect. This has involved, in turn, sustaining relationships over time: working with Eileen and Joan, for instance, from one project to the next.

Being with people and things up-close reveals the hidden trace and possibility of something else: fantasy, desires, feelings, relationships to place. Thoughts that would otherwise go unnoticed are acknowledged, interior fantasies are given the space to be built on, over time: allowing the personal, the tactical, the invisible to be connected up, eventually, to the strategic. There is Joan's overlooked, sat-on low wall (Figure 10.2), for instance, that originally featured in *The Fluid Pavement* and becomes part of a pseudo-corporate street furniture guide (*Resistant Sitting*) that later enters into the realm of planning discourse via the *What if?* articulated by a delegate at a housing policy conference eight years later: what if people were responsible for the frontage of their own homes as possible sites for passers-by to sit on? Could the private property of a domestic home's boundary wall be re-imagined within planning law as a shared ground: a space in between? (Dye and Handler 2015).

10.7 Subverting the 'hierarchy of needs'

In 1954, the psychologist Abraham Maslow elaborated a hierarchy of needs from a base of physiological needs to its pinnacle peak of self-actualisation (Maslow 1954). The conceptual pyramid made visible what Maslow, and others since, see as an over-preoccupation with

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[1] In the letter of agreement for 'The Upgrade of the Electrical Supply to the Barking Road Recreation Ground Multi-Use Games Area' (21 May 2008) Parks Development Officer Debbie Chapman commits to installing as permanent features of the park: 'a weather proof round plug socket on the outside of the cabinet, controlled by a main switch in the cabinet, provision of a matching plug c/w lead and 2 twin weatherproof socket outlets mounted on the end of the lead (for use with standard 13 amp plugs), installation of an RCD earth leakage circuit breaker'.

Figure 10.2   Joan's Accommodating Low Wall. © Handler (2006).

ground-level needs of safety and survival and the difficulties of scaling to the peak of self-fulfillment, given the more general focus on attending to, and firming up this foundation of biological and physiological needs. The prevailing dominance of biomedicalised models of ageing within design discourse and practice means that the elderly are 'cared' for/about at this same baseline of needs. The question of ageing is often reduced to questions of health and to that all-too-familiar issue of elderly physicality.

But in the field of ageing dominated by a more heavy-weighted discourse – where ageing is understood as a mounting condition of decline, dependency and need – there is room to start exploring these alternative forms of 'age-inclusive' practice that are defined by a different, altogether lighter, in the language of Situationists, more 'playful-constructive' tone of engagement. This is a way of turning Maslow's more conventional hierarchy of needs on its head. And a way too of challenging that longer tradition within design practice on ageing where design is used as a problem-solving discipline and is characterised by a bare minimum of play (Handler 2014: 25–27).

To talk about disruption, play, subversion, and to be carefree within a problem-solving context like this can seem almost taboo when talking about an older generation and the serious work of caring labours. In

the critical discourse of tactical subversion, playful-constructive misbe-haviour is understood, metaphorically, as childish behaviour (de Certeau 1988). But this kind of wilfully playful practice can also, paradoxically, be read as an inflection of care in itself. These are the caring labours of making space for the small pleasure of being out of place in a park after dark (*Civil Twilight*); or acknowledging the hidden psychology of resist-ance as played out in the obviously resistant material environment of Joan's Accommodating Low Wall; or inciting those provocations that permit a kind of ageing disgracefully as much as gracefully (*Audio Aid*) (Figure 10.3).

This can be seen as a kind of acting beyond the norms of accepted forms of urban practice and behaviour, what Petrescu has called an acting alternately otherwise, 'otherhow' (Petrescu 2007: 5–6). But by borrowing from the language of care-focused feminist ethics, this acting 'otherhow' also becomes a way of introducing a 'different voice', tone and temper into the heavy-weighted, body-bound, burdened narrative around ageing. This different voice brings in what is so often lost in accounts of ageing: making room for the hidden emotional geographies of ageing and opening up a discursive space that encour-ages other kinds of conversations and reading in a different way around the subject of ageing, creating a reflective public realm for its spatialities and temporalities.
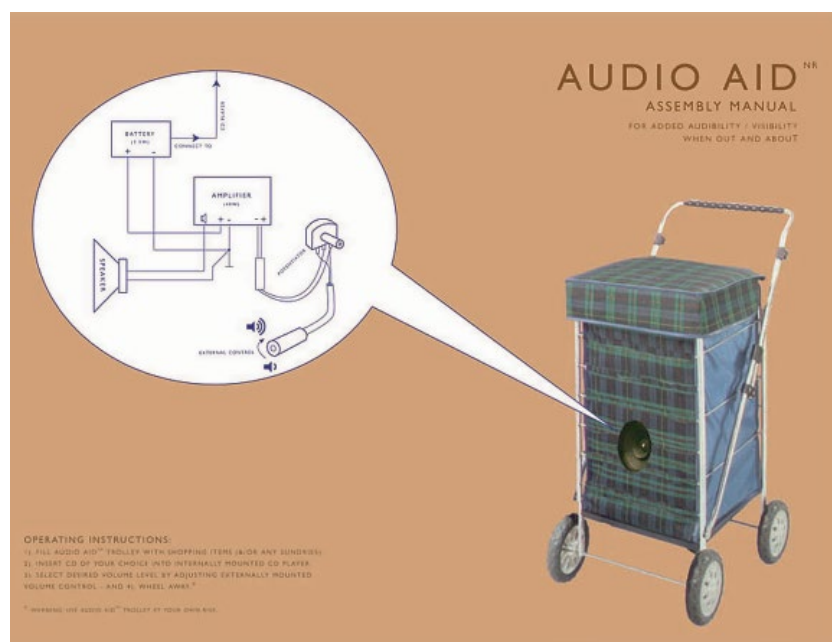
Figure 10.3 Audio Aid. © Ageing Facilities (2010).

10.8 Conclusion: adopting the language of care

Exploring the potential role of urban curating in evolving new forms of thinking and practice around ageing in the city, this chapter has tried to faithfully follow Virginia Held, Joan Tronto and other theorists of care along a familiar feminist trail. Here, the female carer moves from the private realm (traditionally domestic, invisible, undervalued) out into the public sphere, and beyond the objectified body into a territory of agency, social transformation and change, seeing things anew. This is one way of shifting the practice and thinking about ageing deliberately into the public realm of urban politics and into areas of governance and policy formulation, while also making space for emotion and empathy – thinking about these forms of practice and expression beyond the category of gender and involving them as valid within the realm of ageing.

There are complications, though, in adopting a theoretical framework that uses the language of care, including the problematic power dynamics already implied, when thinking about older age through such a language. To work on/around ageing, with/for/by older people in a caring context is, arguably, to reinforce the category of 'the old' as needy or dependent. As Joan Tronto argues, the concept of care is necessarily concerned with conditions of vulnerability and inequality where dynamics of reciprocity might not be so balanced (Tronto 2005). The innate power dynamics implied in the carer–cared-for relationship can always be legitimately questioned within the context of a caring spatial practice.

Tronto's concerns are important to acknowledge, even as the caring dynamics of this practice operates around a caring not *for* older people per se but a caring about the vulnerability of older people's changing *relationships* to urban space. To work self-consciously within a 'caring' spatial practice, to work within an explicitly ethical/empathetic framework places a higher obligation on spatial practitioners to make space for the kind of open reflection and criticality that gives time and space for exploring the ethical implications of their own practice. This might range from the ethics of representation, how a participative project becomes documented, authored viewed and read after the fact, to the slippery relational dynamics that emerge through the day-to-day workings of a project-in-practice – and whether dialogic forms of practice go some way to redressing these imbalances of caring relations (Handler 2011).

Writing from within the terrain of ecofeminist thinking, Sherilyn MacGregor has more recently critiqued the use of 'care' in a different way through the politics of representation. Care, for MacGregor, can

all too often represent a self-marginalising discourse that, according to her analysis, avoids engaging with the more potent and empowering discourse of citizenship (MacGregor 2006). There is something important to acknowledge here in terms of adopting language that is potentially self-limiting, guilty by association and that does not obviously accommodate the empowering potential of citizenship that is so critical to the future of work around ageing.

And yet in spite of these complications there is, for me at least, something valuable in using the language and conceptual framework of care as advanced through the figure of the 'caring' urban curator. Care is the helpful lever that opens up a more empathetic and nuanced debate around ageing: challenging stereotypes and moving beyond the bodily needs of older age to engage with ideas of agency and interconnection – but in ways that admit those less tangible affective and emotional geographies of ageing too.

Engaging with a dialogue around care via its feminist roots becomes a way of introducing these other creative tools, techniques and activities into spatial practice. Care allows for different, 'other' modes of production and intervention – and gives these form: 'ficto-criticism' (Grillner and Frichot 2014); interference through proposition and provocation; fantasy as a catalyst for real-world actions, enabling modes of spatial practice that engage as much with the representational politics of ageing as with the concrete, ground-level experiences of place.

There is also something valuable in connecting the ethics of care to current discourses of care around ageing and growing old. Here, there is the possibility of taking back the loaded language of care that always seems to tie ageing down (via the adult health social care sector) to a reductive discourse of 'preventative' care as described through dependency ratios, health economics and a more general problematisation of ageing. Care understood in this way, differently, as an activating practice, is one way of reclaiming the discourse of care around ageing as care is turned into a productive and creative form of spatial practice.

The crisis in elderly care is one of the more visible ways in which ageing manifests as a 'problem', often involving the question of economic viability – as to whether an ageing population can be supported at all. Through the ethics of care it becomes possible to detach notions of care from the rational abstractions and alarmist projections of policymaking and health economics and to reconfigure it as an alternative, activating practice instead. Care, in this reconfigured context, becomes an empowering mechanism that allows the spatial practitioner – whether as architect, artist, designer or urban curator – to both better support older people in laying claim to urban spaces for themselves and open up, in turn, a public space of critical and reflective communication around ageing.

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Chapter Eleven
Caring through Design?: En torno a la silla and the 'Joint Problem-Making' of Technical Aids

Tomás Sánchez Criado and Israel Rodríguez-Giralt

11.1 Introduction: the issue of technical aids in post-austerity Spain

Barcelona, Spring 2013: Our friend Antonio needs to buy a new wheel-chair. His old one has lasted around 5 years and it's about time he had a new one: the wheelchair, including its batteries, suspension and seat-ing, are in a worn-out condition. But the times are not auspicious for this. Several articles have appeared in the press reporting significant delays[1] in the reimbursement of state subsidies (even leaving many of these products unpaid for). Others reflect on the worrying prospect of the brand new 'co-payment' schemes – resulting directly from the state's health and social care spending cuts[2] – which oblige users to cover 10% of the cost of prostheses and technical aids as part of the publicly-subsidised 'catalogue of orthoprosthetic technologies'.[3]

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[1] See http://ccaa.elpais.com/ccaa/2012/04/26/madrid/1335447994_502095.html (accessed 9 May 2016).
[2] See http://sociedad.elpais.com/sociedad/2012/11/03/actualidad/1351937240_215361.html (accessed 9 May 2016).
[3] See the *Real Decreto 1506/2012, de 2 de noviembre, por el que se regula la cartera común suplementaria de prestación ortoprotésica del Sistema Nacional de Salud y se fijan las bases para el establecimiento de los importes máximos de financiación en prestación ortoprotésica*, at https://www.boe.es/buscar/doc.php?id=BOE-A-2012-13647 (accessed 9 May 2016).

In any case, the situation has never been very good: even before co-payment measures came into effect, users had to pay for orthopaedic technical aids in advance, and only after a prescription had been obtained from the user's GP could any reimbursement be processed. For instance, the Catalan regional government's 'catalogue' stipulates that two motor wheelchair models are available priced between 3100€ and 3800€.[4] Antonio has savings, so the cost is not a problem, but how could a disabled person with a non-contributory mean pension of 365.9€ per month[5] buy a new wheelchair unless she or he has savings, works, borrows money from relatives, or successfully applies for a bank loan?

Indeed, as we discovered, the federation uniting Spanish orthopaedic shops (FEDOP) is now supporting what they call the 'Yellow Cross initiative' in an attempt to equate themselves with pharmaceutical dispensaries that use a distinctive green cross. They worry that direct purchases through global – and usually far cheaper – online retailers will take them out of business, and are lobbying the public administrations to enforce regulations on – or even ban – what they term the 'non-regulated' online market for technical aids. Their main motivation, or so they say, is not greed: online retailers, according to FEDOP, cannot guarantee that the products are certified, which may have a negative impact on the health of users. Orthopaedic shop dispensaries also – allegedly – provide users with something online retailers do not: expert advice.[6]

Our wheelchair-user friends are rather wary of these claims, regarding the campaign with sheer scepticism. As Antonio has discussed many times with those of us in *En torno a la silla* (ETS) – the collaborative design collective which has worked together since the autumn of 2012 – the orthopaedic shop is usually not the main provider. Indeed, the shop only acts as an intermediary between the retailer and final user. In practical terms, this means that if any damage occurs to the product when being delivered to the shop or the product malfunctions, no damage compensation can be claimed.

However, the financial issue is just one aspect. The design of the wheelchair – and by this we mean both its appearance and functionality – is another major consideration. There are few options available, and if users want to access public subsidy, these options are even more

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[4] At that time the 2008 *Catàleg de prestacions ortoprotètiques a càrrec del Servei Català de la Salut* (p. 42) was available online but it has been taken down recently.

[5] According to the public records at the time of our research: http://www.seg-social.es/Internet_1/Pensionistas/Revalorizacion/Resumencuantias2007/index.htm (accessed 9 May 2016).

[6] See http://www.elmundo.es/blogs/elmundo/latrinchera/2012/04/10/arriesgar-la-salud-por-dinero.html (accessed 9 May 2016).

limited: just a few products are approved, and the aid only covers the most basic equipment. This means – and here is where the orthopaedic shops usually increase their profits – the cost of any additional gadgets to make the wheelchair more comfortable will not be reimbursed. If anyone wants these they are on their own. Approved products usually have extremely unattractive hospital aesthetics, but one cannot do much about this when relying on subsidies.

Last but not least, the most troublesome prospect of having to buy a new wheelchair for Antonio is the necessary adjustments required in his bodily position. However much care is taken to make this as easy as possible, the process of adjusting to a new wheelchair is always very painful. The week after he finally gets the new wheelchair – a much smarter black one, with a more precise joystick and better circuitry as well as compact wheels improving suspension and thereby producing less strain on uneven ground – Antonio always looks extremely tired: he is experiencing many spasms, even during the night. 'The body moans a lot', he says, not only referring to spasms but also to other aches and pains. In an interview filmed by Arianna, the collective's filmmaker, Antonio describes his feelings:

> … you are always having to play between two main axes… On the one hand, these supports [*productos de apoyo*] help you a lot in your everyday life… On the other hand, they seldom adjust to what you need, and most of the time you are permanently adjusting to them… and in a very passive way… For the most part you have to merely test what others have thought might be good for you, not the other way round.[7]

As if this were not enough, the new wheelchair also requires intervention from the collective's craftspeople. Antonio was carrying a replacement of his right armrest we had been working on over the past months: a collaboratively designed briefcase gadget, the manufacturing process of which had been documented with an open design philosophy, not only making the pictures, drawings, sketches and ideas that this briefcase embodied available, but doing so using free/libre licenses so as to encourage others to replicate and actively elaborate on ideas developed by ETS.

(Reconstruction from Tomás's fieldnotes)

In this chapter, we will discuss the practices of ETS, which involve fostering small DIY interventions and collective material explorations, in order to demonstrate how these present a particularly interesting mode of caring through design. They do so, firstly, by responding to

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[7] Excerpts taken and translated from https://www.youtube.com/watch?v=YAlTUPW Q1WQ (accessed 9 May 2016).

the pressing needs and widespread instability that our wheelchair friends face in present-day Spain, and, secondly, through the intermingling of open design and the Independent-Living movement's practices and methods, which, taken together, enable a politicisation and problematisation of the usual roles of people and objects in the design process.

In the more conventional creation of commoditised care technologies, such as technical aids, the role of the designer as expert is clearly disconnected from that of the lay or end user (López 2015; López and Sánchez Criado 2015). Rather, technical aids are, as we have seen in the ethnographic reconstruction at the beginning of this chapter, objects embodying the expertise of the designer to address the needs of the user. As we will argue, ETS evolves a 'more radical' approach to the design of these gadgets through what we will term 'joint problem-making', whereby caring is understood as a way of sharing problems between users and designers, bringing together different skills to collaboratively explore potential solutions.

In the remainder of this chapter, we will provide some context surrounding the emergence of ETS as a collective in post-austerity Spain (see also Sánchez Criado *et al.* 2016 for context) and describe some of the radical transformations in the roles of designers and users this process entails by focusing on an ethnographic reconstruction of the collaborative design of Antonio's DIY briefcase by ETS. In analysing this process we will create a dialogue with relevant science and technology studies (STS) and design literature in order to understand to what extent ETS's practices might be said to have unravelled 'more careful' ways of approaching relations between designers and users, by moving beyond commoditised forms of participatory design, and venturing into collaborative and interrogative explorations.

11.2 An open-source wheelchair kit: expanding the relationship between people in wheelchairs and their social and urban environments

The origins of ETS and its interest in the open design of technical aids needs to be placed in a broader context of the deep transformations occurring in Spain in recent years. This change is particularly epitomised by the '15 M movement', usually known in Spain as the *indignados* (the outraged), and refers to a series of demonstrations that rapidly became encampments between 2011 and 2012. These were organised in various cities simultaneously by groups demanding 'real democracy now'. Under the motto *No nos representan* (They don't represent us!),

protesters called for a radical change in Spanish politics, denouncing, among other issues, political corruption, unemployment, welfare cuts, the support given to the banks and the democratic deficit in Spanish institutions. In some cities, such as Madrid and Barcelona, the occupation of main squares lasted over a month. It is important to note, however, that due to the widespread use of assemblies and the proliferation of digital platforms, those squares turned briefly into a 'city within the city', into inclusive places of encounter and conviviality, into spaces for direct participation, experimentation, openness, and critical thinking.

Organising themselves into commissions and assemblies, establishing practical and economic infrastructures, both digital and non-digital, the '15 M movement' progressively became a prolific space of encounter and experimentation: an urban, technological and political 'prototype' through which people, ideas, cities and very different activist cultures and practices were brought together and playfully 'remixed' (Corsín and Estalella 2014). Our use of these vernacular concepts and narratives from the free culture movement and hacker activists is intentional. As a number of social scientists have argued, it is important to acknowledge the centrality of the practices and logics of 'free digital culture' and 'hacker ethics' – such as the use of collaborative forms of thinking and documentation, or open access forms of licensing – in the 15 M uprisings and the occupation of public space (Postill 2013; Fernández-Savater 2014).

But the diverse activities of the 15 M movement, with their promise of inclusiveness and openness, also attracted people and groups usually reluctant to attend – or even marginalised from – these kinds of events. This was certainly the case for the 'functionally diverse': a positive self-representational denomination used by Independent-Living advocates in Spain (the noun being *diversidad funcional*, 'functional diversity', that addresses not only 'people with disabilities' but all of us). Stimulated by the inclusive and participatory atmosphere in the occupied squares, several functionally diverse people – most with activist backgrounds and particularly from within the Spanish Independent Living Movement[8] – congregated in the squares. This was

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[8] In 2001 the *Independent Living Forum* was created as a virtual community of disabled people inspired by the American Independent-Living movement, which practised a more direct form of activism based on values of empowerment, self-organisation, experience-based knowledge and a stronger defence of disabled people's rights. Translating the 'nothing about us without us' motto into Spanish, this small but hugely influential group has been responsible for the creation of the first Independent-Living Offices in Spain, the inclusion of the right to personal assistance, and a new conceptual framework reworking the 'social model', which they term the 'diversity model'. See Sánchez Criado *et al.* (2016) for further context.

particularly apparent in Madrid and Barcelona, where this participation inspired 'commissions of functional diversity' (Arenas and Pié 2014).

These 'functional diversity' commissions created the conditions for engaging in lively discussions with other theme-specific commissions (health, infrastructures, etc.) and activist collectives about the several democratisation challenges faced (such as the democratic deficit of care institutions, services and products), and conveyed to the general assembly concerns regarding the potential environmental and normative barriers (such as the use of language, the design of assembly spaces, etc.) between people with functional diversity and the empowering dynamics taking place in the squares. Indeed, these commissions created a space for mutual reflection on how discrimination against people with functional diversity affected us all (seeking to politicise the multiple experiences and the many specific problems most people were suffering because of the weakness of social policies, the role of charity, and the biomedical-rehabilitative grounds of the policies and institutions addressing dependency issues in Spain); and stressed the important contribution of functional diversity in the production of more accessible and inclusive 'cultures of anyone' (cf. Moreno-Caballud 2015).

The beginnings of this alternative way of thinking and arranging independent living originated at this very unusual crossroads. As many activists themselves recognise, it is in this complex and unpredictable confluence where new and fruitful combinations began to take place: where the values of hacker culture and open design practices intermingled with the self-care philosophy of the Independent-Living movement. It is in and around the 15 M movement that making and self-care, innovation and independent living, collaboration and accessibility, free knowledge and DIY technical aids started to merge as practices combining in new and creative ways. ETS itself is, perhaps, the best example of this.

The ETS project originated as a direct response to these events. Early members were invited to take part in Medialab-Prado Madrid's *Funcionamientos* ('Functionings') workshops, that sought to host group and individual projects co-producing or experimenting with the 'open design' of objects infused with the philosophy of functional diversity. ETS was one of the six projects accepted. These workshops took place following several seminars and lectures on what those involved called 'technologies of diversity', hosted at Medialab-Prado (a cultural hub of Madrid City Hall's Area of Arts and Culture) between the winter of 2012 and the spring of 2013 with the aim of reflecting on how the philosophy of functional diversity might affect or be affected by open design practices, as well as how to rethink accessible environments and technical aids from the perspective of 'open access'.

This was a great chance to reinforce some of the practices and methods learned, tested and shared in the squares of the 15 M. Accordingly, ETS had the opportunity to design three small objects (Antonio's armrest/briefcase was one, along with a folding table and a portable wheelchair ramp) that might become a freely licensed 'wheelchair kit' to encourage other possible interactions with technical and social environments: that is, acting, reflecting, and intervening in them to habilitate or to empower not only the user but also his or her 'alliances'. To say this differently, the main idea of the project was not to integrate or to include the excluded individuals, but to dismantle the spatial conditions that prevented all of them from becoming friends. Indeed, the collective's name, ETS, sought to encapsulate this thinking in Spanish: the idea for the project was to situate *en torno* (around) the *silla* (wheelchair) to reflect on its *entorno* (environment, surroundings).

This is how ETS materialised its commitment to breaking the vicious cycle of functional diversity's 'non-presence' in public spaces; rethinking the wheelchair as a 'little agora that brings together not only the user but also the other people with whom the user interacts, be it at home, in the streets, bars, classrooms, wherever the people are'.[9] The more people are involved, the less insulated the user is. The more significant a role is given to the agora, the less significant is the role given to 'the market'. ETS thus sets in motion a way to design and make technical aids through co-authored solutions, which, apart from serving the needs of the wheelchair user, can have a much wider impact by enabling alliances not provided for or conceived of by available social and technical scripts.

11.3 Opening up space for a briefcase, unleashing the wheelchair's possibilities

Returning to Antonio's comments at the beginning of the chapter on the restricted forms of agency and empowerment that some technical aids allow, we will now describe one of the particular developments that ETS engaged in as a collective during the months before Antonio decided to change his wheelchair. ETS's proposal for Medialab-Prado included an armrest/briefcase, which entailed opening up a space in the wheelchair for storage by modifying or substituting some parts of the equipment. Why? Well, the reasons for this are clear to anyone who has spent a day out, had a coffee or walked with a friend or colleague who uses a wheelchair…

[9] Excerpt translated from https://entornoalasilla.wordpress.com/el-proyecto-original/ (accessed 9 May 2016).

Regular powered wheelchairs, despite the many efforts to make them more comfortable and easier to steer accurately (Woods and Watson 2003), appear to be conceived mainly as self-contained gadgets for a sitting body in motion; this is how designers 'figure' (cf. Suchman 2012) wheelchair users. The wheelchair user is rarely viewed as someone who needs to buy and store belongings safely; or as someone who needs to keep a wallet and the keys to an apartment safe, not to mention someone who might want to carry make-up, perfume, a spare pullover in case the evening gets chilly, or plastic glasses and straws to drink water on a nice sunny terrace by a beach in Barcelona; or, even, as someone requiring particular hygiene products, such as urine bag replacements or other appliances many powered wheelchair users need. In short, wheelchairs are not understood in relation to their actual users, who are living and breathing beings dwelling in urban spaces (Mortenson *et al.* 2015).

To circumvent this design problem, the wheelchair users we know have usually developed two 'little arrangements' (cf. López 2015): (1) backpacks fastened to the rear handlebar; (2) lighter handbags with straps tied around the joystick or armrest. These are very inconvenient, however, being not only easy targets for pickpockets, but also causing other problems: handbag straps are often loosely secured and likely to fall off; backpacks, while usually well-secured when moving, can cause social embarrassment for many users – who want to remain anonymous, unnoticed, regular citizens – because to reach the backpack and its contents they require someone's help. Whether this is a trusted personal assistant, a prying relative or an unknown bystander, other people are needed either to hand the bag to the user, or search through their personal belongings, as often happens, for instance, when paying in a coffee shop.

To Alida, Antonio and Rai, who met on an everyday basis during the Barcelona 15M protests in 2011, it was clear that something had to be done about this. How to take care of the issue through design interventions? The main idea was to create a hack or a permanent gadget that might unleash the empowering possibilities of the wheelchair and create conditions for new relations between the person in the wheelchair and the everyday environment. It was also important to combine functionality and autonomy for Antonio with aesthetic considerations: the collective wanted to produce something that would single him out, not as a 'person in need', but as someone with a 'cool' and 'inviting' gadget.

Having considered their options for the *Funcionamientos*'s Medialab-Prado kit proposal, ETS presented an armrest/briefcase (see Figure 11.1), which included the following features:
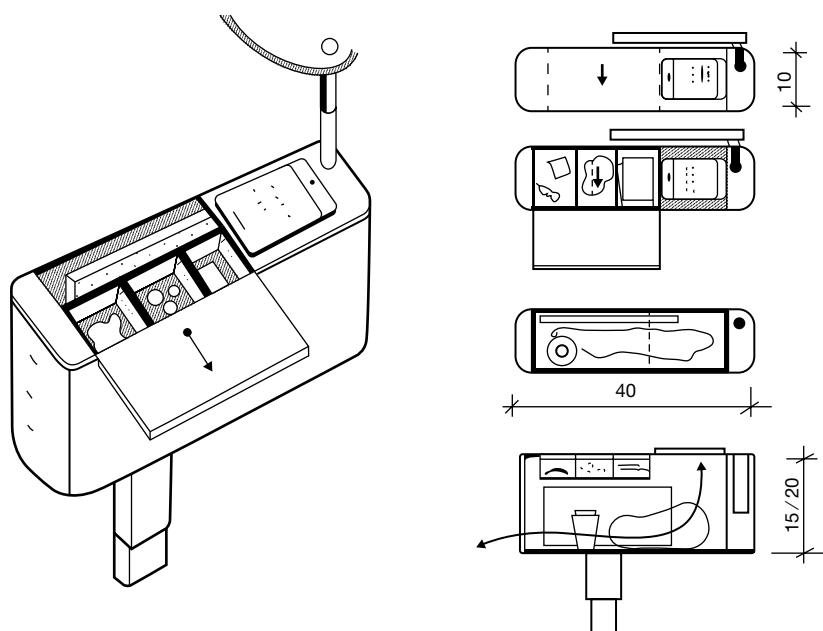
Figure 11.1 The idea for a wheelchair armrest/briefcase. Image CC BY NC by *En torno a la silla* (sketched in the summer of 2012, published on February 6 2013), used with permission. Image taken from https://entornoalasilla.wordpress.com/2013/02/06/maleta-y-mesa/ (accessed 9 May 2016).

1. An 'anti-slip cover' to keep Antonio's smartphone secure, even when travelling at high-speed.
2. An inside 'tray with compartments and a cover' to store cash, keys and cards.
3. A 'storage space for a tablet, a phone charger, plastic glasses, a notepad, and hygiene products'.

By mid-October 2012, Medialab-Prado had not only approved the project but also provided a modest budget to cover materials for a prototype, which were to be presented, discussed and enhanced at workshops with mentors and regular users of the Medialab-Prado open space in Madrid in December 2012 and January 2013. A week later, Tomás – by then an ethnographer interested in exploring and analysing participatory care technology design – had joined the group at Antonio's house in Barcelona. The first meetings he attended were devoted to taking measurements of Antonio's wheelchair,[10]

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[10] See https://entornoalasilla.wordpress.com/2013/01/13/replanteo/ (accessed 9 May 2016).

disassembling some of the parts – such as the armrest – and studying Antonio's position in the wheelchair at great length. Alida and Rai noticed Antonio's chest was leaning slightly to one side and that to sit comfortably he had to grab the left handlebar. Later, Alida and Rai also paid close attention to how Antonio moved his hands: he used the little finger knuckle of his right hand to operate his smartphone, and could move his arm laterally. Then, Alida and Rai drew sketches and diagrams based on these measurements.

Antonio was in no way treated as an object, but continuously contributed with many useful comments and added many nuances. As Tomás witnessed when he began taking pictures and notes, everyone collaborated during this informal process, sharing documents, a Dropbox folder, pictures, field-notes and minutes of meetings. Slowly but surely, what was intended as a single case study for him was turning into a passionate ethnographic and activist involvement with the collective.

Each meeting prior to, in between and after the December 2012 and January 2013 workshops in Madrid usually involved a discussion about the three elements of the kit in development. But ETS's main efforts were devoted mostly to the design and production of the portable wheelchair ramp and the briefcase. The third element, a folding table, although conceived as being attached to the briefcase, was also thought of as an independent technical challenge. Later, at the second workshop in Madrid, Tomás started to curate the blog and open documentation of the project's endeavours.[11]

The prototype of the briefcase that would replace the wheelchair's armrest was initially created as a rectangular cardboard 1:1 model with a lateral opening cover. Fortunately, given that this was a low-budget hack, the armrest was designed for easy removal – often necessary for moving the user between bed and chair – meaning there was no need to heavily interfere with or alter other aspects of the wheelchair's structure. Also, the fastening that attached the armrest to the chair could be employed as the main support for the new gadget. The cardboard model, despite being very basic, was extremely useful for sketching, demonstrating and testing (cf. Yaneva 2005) different ideas for the briefcase.

Alida, Rai and Antonio spent many afternoons in November 2012 exploring the project in a dialogic fashion, discussing methods for opening, closing and fastening the briefcase, convenient positions for Antonio's smartphone and, when they realised that the joystick was attached to the armrest they were replacing, how and where to locate it in the new gadget. On most of those occasions, pictures

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[11] See https://entornoalasilla.wordpress.com (accessed 9 May 2016).

Figure 11.2 First wood model of the case. Image CC BY NC by *En torno a la silla* (taken on December 12 2012, published on February 6 2013), used with permission. Image taken from https://entornoalasilla.wordpress.com/2013/02/06/maleta-y-mesa/ (accessed 9 May 2016).

were taken, notes and minutes were made, and many boundaries, zones and marks were drawn on the surface of the cardboard model, which also acted as a useful record of the meetings. Having double-checked with Antonio many times the right configuration and position of the gadget, Rai and Alida prepared a 1:1 plywood model of the briefcase structure (see Figure 11.2), including an L-shaped aluminium piece for the joystick bracket and a removable cover with a handle, which was not used in the finished prototype but served as a way of exploring lateral opening methods with Antonio. This plywood model was then presented and discussed at the first Medialab-Prado workshop.

On returning to Barcelona, the main solution for the briefcase emerged in attempts to recycle materials and ideas that had already been developed. This involved creating an iron structure, which was firm and covered on the side facing Antonio's body as well as empty and open on the other side, where a bag made of cloth and felt could be inserted. Having agreed on the aesthetic specifications and measurements with Antonio, Alida and Rai commissioned an ironsmith to create the 'chassis', and, after producing a 1:1 model of the inner bag from recycled paper, appointed a tailor. Once these were ready, the chassis was covered with anti-rust orange paint and the collective met at the home of Pepe and Urbana – friends from the 15 M – a few days before going to the January 2013 workshop. Making use of Pepe's

Figure 11.3 Working to get the first prototype done in Pepe's home workshop. Image CC BY NC by *En torno a la silla* (taken on January 11 2013, published on February 6 2013), used with permission. Image taken from https://entornoalasilla.wordpress. com/2013/02/06/maleta-y-mesa/ (accessed 9 May 2016).

home DIY workshop and Urbana's tailoring skills, the group installed the new pieces on Antonio's wheelchair; some worked at attaching the bag to the iron chassis and plywood cover (see Figure 11.3), others on the metal fastening for the chassis.

Pepe needed to adapt the crucial piece that would serve as a meeting point between the briefcase's chassis and the wheelchair's structure. Later, the most complex aspects requiring testing were: drilling the chassis and fixing an L-shaped piece of galvanised aluminium to re-attach the joystick to the chassis, and cutting and welding a tube and iron sheet to hold the briefcase in the requisite position, so that the tube would fit into the wheelchair's former armrest fastening using a wing nut. All of these actions involved recurrent measuring and testing of different temporary versions with Antonio before the final gadget was produced.

This working prototype was taken to Madrid the day after, but was not installed on Antonio's wheelchair as some adjustments were still required. At the final presentation of results,[12] where the kit pieces were displayed, ETS opened up a line of inquiry that had been discussed during testing: the need to reflect on financial stability under the present precarious conditions, and how to ensure fair remuneration

[12] See https://entornoalasilla.wordpress.com/2013/01/30/presentacion-de-resultados-en-el-taller-final-de-funcionamientos-20-01-2013/ (accessed 9 May 2016).

Figure 11.4 The final armrest briefcase. Image CC BY NC by *En torno a la silla* (taken in March 2013, published on April 5 2013), used with permission. Image taken from https:// entornoalasilla.wordpress.com/2013/02/06/maleta-y-mesa/ (accessed 9 May 2016).

in projects that engage in the open design of technical aids, most of which entail significant work and should therefore not rely solely on volunteer labour.

The months following the Medialab-Prado workshop were less intensive, but the group met regularly to finish the rest of the proposed kit. This was seen as marking a new phase for the collective, which entailed: (1) reflecting on the experiences of the group in the past months; (2) developing, with available resources, the prototypes into what could be considered functional and safe pieces of equipment, meaning that these could be used without requiring a great deal of maintenance (indeed, the finished briefcase was finally installed in Antonio's wheelchair around February 2013) (see Figure 11.4); and (3) experimenting with the blog on how to document the process using open-access strategies and different media formats.

This final aspect was developed once the group had more time for reflection. Not only did they begin to explore modes of archiving the pictures, sketches and the many ideas that had been gathered, but they also started playing with potential uses of the blog and open documentation formats. To this end, in March 2013, Antonio, Alida and Tomás used a professional camera to shoot a video,[13] re-enacting the process of taking out the armrest and installing the briefcase, as well as a demonstration of the new gadget in use. The video closed with Alida asking Antonio how he felt: 'This is going to be brilliant!' he

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[13] See https://www.youtube.com/watch?v=czHsrlDJvqU (accessed 9 May 2016).

replied, trying out the lateral opening of the briefcase, 'All I need is a little bit of practice'. Alida later made exhaustive drawings of the process, and, together with Tomás, created their first downloadable 'tutorial', which contained a technical summary of the process and the materials as well as design proposals to share with others in order to inspire them to start similar projects: 'The piece attaching the chassis to the wheelchair is very important; it is a generic piece, which means that briefcases with different designs can be compatible with different wheelchair models' (our translation).[14]

11.4 Radicalising design through small object interventions: care as 'joint problem-making'?

In May 2014, Alida was invited to present her work and that of ETS at a conference in Medialab-Prado, called *Madrid Urban Laboratory*. In providing some context for the collective's endeavours, she explained that she had previously worked as an architect designing houses and interiors and had engaged in challenging projects involving accessible housing. With ETS, however, she found that despite her long activist trajectory as a member of several collectives, '[…] for the first time, I have joined a political space as an architect'.[15] In saying this, however, there was no attempt on her part to portray her involvement as a benevolent gesture, engaging in a process that is only political for the designer, a process where she was the one defining goals and methods, as is the case in many 'token' or 'placatory' and rarely 'transformative' (cf. Till 2005) forms of participatory design, where users are only engaged so that designers can gather information to improve their own designs (Asaro 2000: 264), or to increase the acceptability of already designed solutions.

As Alida stated at that meeting, in ETS there was a clear attempt to create a more 'revolutionary' engagement with the desires of the users (cf. Petrescu 2005), in line with previous design explorations in the Independent-Living movement, coining the motto, *Nothing about us without us* (see Lifchez and Winslow 1979; Werner 1998) – in which the issues at hand and the skills for tackling them are communal. Or, in Alida's words:

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[14] Taken from https://entornoalasilla.wordpress.com/2013/06/23/como-construir-un-maletin-reposabrazos-junio-2013/ (accessed 9 May 2016).
[15] Translated transcript from the video (8'04"-8'08") taken from https://entornoalasilla.wordpress.com/2014/07/01/presentacion-en-madrid-laboratorio-urbano-mayo-2014/ (accessed 9 May 2016).

> […] we always work [in ETS] focusing on the concrete needs of singular bodies that very often have very articulate, accurate, and very well-defined design requirements… and with these objects we are in search of a satisfactory result […] to create [alternative] possibilities of relating to the environment.[16]

Building on these ideas, this section engages with STS and design literature to demonstrate how ETS's briefcase project and its re-articulation of designer/user asymmetries present a 'careful' mode of designing technical aids. However, we also need to qualify this claim by noting that although care has been politicised through feminist struggles in an effort to support our fragile existence with more just, equally distributed and sustainable relations, for Disability Studies and the Independent-Living movement 'care' has become a tension-laden topic, taken as an expression of the modes of disablement, dependence, institutionalisation and expert-driven practices that they have sought to challenge (Shakespeare 2006; Winance 2010; Oliver 2013).

In the Spanish context, these tensions were worked through in the alliance forged by the Independent-Living Forum and several feminist collectives, whose meetings and debates were transcribed and published in the book *Cojos y precarias haciendo vidas que importan* (Crips and Precarious Women Making Lives that Matter) (Foro de Vida Independiente and Agencia de Asuntos Precarios 2011). This debate brought to the fore the clash of ideas surrounding self-care and interdependence: where one side viewed the role of personal assistance as a figure of empowerment, the other worried it might become a potentially dangerous and more invisible form of care-work, merely reversing the power asymmetries between the former subjects and objects of care.

Our take on 'care' and its relation to design derives from a branch of literature in STS that has sought to open space for a broader range of actors (for instance, menders, see Callén and Sánchez Criado 2015) and thereby expand the notion of care to include our everyday lives with diverse materials. This move entails an analytic shift towards thinking in terms of 'care arrangements' (López 2015; López and Sánchez Criado 2015), where care is not only seen from a bodywork perspective – that is, the usually invisible physical labour that care-giving entails – but from a broader perspective considering socio-material arrangements: that is, where care-work appears as distributed amongst people and things and where 'delegations' (cf. Latour 1992)

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[16] Translated transcript from the video (11′45″-12′09″) taken from https://entornoalasilla.wordpress.com/2014/07/01/presentacion-en-madrid-laboratorio-urbano-mayo-2014/ (accessed 9 May 2016).

of tasks to things are also noted. This move in the understanding of care from bodywork to arrangements also foregrounds the socio-material orders therein being enacted (Denis and Pontille 2015).

This has created space for interwoven concerns about the meanings of care in STS: (1) an interest in understanding the production of 'the good in practice' enabled by these arrangements, where care is shaped in different modes of experimenting and *tinkering* with how we might live better together (Mol *et al.* 2010); and (2) an attempt at mobilising care as a way to intervene in expert-driven practices in order to include those to whom nobody pays attention, those 'weeded out' or suffering from the consequences of particular techno-scientific arrangements, such as our wheelchair friends having to cope with the standardisation and commoditisation of technical aids (Martin *et al.* 2015). Indeed, in such multifarious reflections care is usually seen as 'an affective state, a material vital doing and an ethico-political obligation' (Puig de la Bellacasa 2011: 90).

We believe that the design practices of ETS bring together these concerns, not only by enabling a rethinking of good care arrangements in practice, but also by introducing a particular mode of politicising that can have a transformative impact on end users who often suffer from standardised design. Certainly, one way to understand the process of designing the briefcase would be to see it as a crucial and much needed political intervention in the re-aestheticisation of technical aids (Pullin 2009) – altering the configuration of the wheelchair to make it less hospital-like – or seeking to go beyond a mere adjustment of the disabled body to the device (see Winance 2010) hence unleashing its tamed empowering possibilities. But however small and non-replicable such a move might seem, we contend that a more radical version of care through design can also be attributed to the practices of ETS.

The work of ETS is careful because of the transformation of the roles there enacted, and the constant attempts to work from the needs and embodied effects of each material transformation in Antonio's life. The use of repeated iterations and dialogues using models convey the sense that ETS's practices are a form of inclusive design, a democratising movement in personal and urban accessible technologies that '[…] is as much about processes as products, or about the social, attitudinal and institutional relations which underpin and shape the practices of professionals' (Imrie and Hall 2001: 24). The officially recognised designers are no more designers than the users. A new distribution of roles is therefore executed, intervening in the ready-made distinction between experts and future end users, without abandoning the knowledge and skills of the parties involved (Till 2005).

Overall, these practices are careful because their collaborative design approach creates objects that do not only embody the expertise

of designers. Rather, the social and material explorations of ETS take the form of what we term 'joint problem-making', where small interventions into objects are not only a way of solving the problems that Antonio may face, but also – as is evident in the desire of the group to open up their process through documentation – a way of attempting 'to problematize the situation' (DiSalvo 2012: 103) of technical aid design. The tutorial, online documentation and presentations at Medialab-Prado all created conditions that transformed ETS into an 'interrogative' design collective (cf. Wodizcko 1999: 16–17), which reflected on the political, economic, and material conditions of the production of technical aids, as well as the problems involved in articulating new alternatives.

In doing this, ETS offers a 'more radical' approach to care, through the design of technical aids, than other attempts to produce democratic effects *by design*: that is, efforts to inscribe the democratic virtues of a participatory process into an object that is understood to be a solution (Lezaun 2013). We believe that the approach of ETS is more radical than, for instance, universal design, which often seeks to create enabling environments through providing technical solutions distributed as conventional market products (Imrie and Hall 2001: 17). And, as we saw at the beginning of the chapter, for that to happen, at the very least, access and choice over the design of these products would have to be improved.

But, let us clarify, by 'more radical' we refer to two interconnected moves: in ETS practices, care arrangements are politicised. More precisely, what is politicised is the very grounding of technical aid design, its distribution and material delegation of roles and modes of knowledge. This is done by placing them under examination through design practices. Referring to the etymological sense of the word, we can say they are more radical as they go to the 'roots' of care arrangements. Following the Latin etymology, radical comes from *radix*, or *radish* in late Old English, meaning 'going to the origin, essential'.[17] This is the meaning we seek to convey when we say that ETS practices are more *radically* 'careful': they entail forms of 'joint problem-making' (see also Till 2005: 31–35, and Petrescu 2005: 45 for similar arguments), where the purpose is to open up design issues and modes of response to all the involved parties; then experimenting together with how to re-materialise them; and, finally, making the relevant ways of learning what it might mean to create alternative material care arrangements available through open modes of documentation.

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[17] See http://www.etymonline.com/index.php?allowed_in_frame=0&search=radical (accessed 9 May 2016).

11.5 Concluding remarks: 'joint problem-making' as a careful design mode in post-austerity times?

In this chapter we have related the collaborative design of a particular object, a DIY briefcase for a wheelchair fabricated by the Barcelona-based activist design collective, *En torno a la silla* (ETS). In our attempt to produce a careful ethnographic reconstruction of the process[18] our intention has been to show that the practices of this collective reveal a particularly interesting mode of caring through design we refer to as 'joint problem-making'.

This entails: a radical approach to collaboration and an interest in sharing problems and skills between those are usually called designers and users; a way of politicising and opening up the foundations of technical aid design through small DIY design interventions that have enabled people to continue living more comfortably; creating interesting relations through the sharing of problems. Furthermore, we have attempted to delineate its origins and connections with the inventive methods and practices that brought together open design philosophies and the Independent-Living movement under harsh political and economic post-austerity measures in Spain.

As we see it, 'joint problem-making' plays a major role in outlining and experimenting with careful responses to the pressing needs and widespread insecurity that the current situation has created for our wheelchair-using friends. And austerity is far from over: its violent, painful effects are still among us, haunting us, day after day. There has been an unequal distribution of this pain and violence through society: not everyone has suffered the same, but it has touched us all. The harsh economic conditions have not only eroded what was already a meagre welfare state, but have also endangered each and every one of us, and continue to affect the long-term sustainability of any innovative and experimental mode of resistance that might have been attempted. It is unlikely that the situation is going to change magically in the forthcoming years. Austerity is the state we live in.

Antonio's briefcase is a fragile design object requiring care, as are many of the devices designed by the collective. All these small interventions have required a major effort, and a wearying, continuous presence from ETS's craftspeople to keep them functioning, to keep

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[18] For the sake of brevity the implications of 'joint problem-making' for the research cannot be discussed here, but suffice it to say that it has given way to a programmatic exploration around new modes of doing research as 'experimental collaborations' (Sánchez Criado and Estalella, 2016). For more information, please check www.xcol.org (accessed 9 May 2016).

their relationships strong, to make real the joint political prospect of living together under conditions of bodily diversity. However, ETS is also a fragile response in itself. Certainly a fruitful outcome of a disastrous situation, like many other displays of creativity unearthed by the transformations and cracks in contemporary Spain's economy and welfare state, the permanence of ETS is constantly under threat: its members have to deal with a budget-less horizon and put significant effort into keeping the project alive. The crucial question is therefore whether we will be able to invent – through many more 'joint problem-making' activities – the necessary conditions to enable careful experimentation with designing better ways of living together.

Acknowledgements

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Chapter Twelve
Design and the Art of Care: Engaging the More than Human and Less than Inhuman

Michael Schillmeier

12.1 Introduction

This chapter discusses the relationship between design, art and care in understanding and rethinking urban collective life. Firstly, I will introduce the Argentinian artist and political activist Raul Lemesoff and his *Weapon of Mass Instruction* (Arma de Instruccion Masiva, ADIM) as *an artful and caring design* for *social wellbeing*. Secondly, I will discuss the conceptual relevance of linking art and care for outlining a caring design perspective that embraces the 'more than human' and is obliged to the 'less than inhuman'. In conclusion, I will suggest a *caring design* that disrupts and resists the careless.

12.2 Re-design as artful contrast

The ADIM is a daring mobile object that can be found one comes across in the Argentinian capital Buenos Aires and throughout Argentina (http://armadeinstruccionmasiva.com). When encountering it for the first time, one cannot make immediate sense of the design but one is nevertheless strangely affected by it. The ADIM causes one to wonder and hesitate: What is this thing that has caught my attention? What does it do? Is it a tank? Has it been designed to

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shoot and destroy? Should I smile or worry? Is it dangerous? No, the ADIM[1] is not dangerous, but it is a reminder of the technological developments in modern warfare that have been used to design military hardware to destroy human life and dwellings. At the same time, though, as a work of art, it playfully undermines the war system.

The ADIM is a weapon of art that re-creates a technology of destruction as an object of possible instruction.[2] The ADIM is designed to artfully breach and disrupt an artefact of inhumanity. It is evocative of a tank, but it is not one: its perforated outer shell is replaced by books. All sorts of books have conquered the tank's heavy metal defensive and safety structure. As an object of re-design, the war technology becomes an eccentric combination of a *tank, car, sculpture and mobile library*.

The ADIM performs an artful contrast to a technology of inhumanity that the artist has perceived as in need of re-design. The ADIM is not only a work of art, but an experimental design that offers a contrasting means of educational, political and social engagement. The ADIM is *design as a work of art*. As I will argue in this chapter, it is precisely the 'movement into being' of an artfully designed contrast that dramatises the difference between the ADIM and the system of war and its technologies. The ADIM proposes a re-design that cares about social wellbeing through the composition of novel realities by non-destructive means. But how?

12.3 Evoking mess

The ADIM crafts an interstice, a space from which novel forms of affects and social relations may evolve. The technology of war turns into a moving sculpture that assembles a strange library from which books of all sorts are distributed and circulated – fiction and non-fiction, poetry and prose, science and philosophy and so forth. The ADIM resists the conventional spaces where art is displayed, discussed and known (e.g. galleries and museums). Unique in its design, the ADIM is an 'extended mobile' that 'persists in its movement' (Ravaisson 2008: 27) through unexpected territories:

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[1] There are three ADIMs: one was created during the Iraq war, the second is a reformed 1979 Ford Falcon used by the Argentinian military death squads to abduct and kill people, the third ADIM was commissioned by the Netherlands to promote the 'Writers Unified' Festival. http://armadeinstruccionmasiva.com/; http://escritoriodocentes.educ.ar/datos/entrevista_raul_lemesoff.html

[2] Clearly, there are no rules that make a piece of design work art. Quite the contrary, this is a highly risky adventure that may well fail (see Souriau 2015).

ADIM transits through population settlements, schools, bars, rural house holds [sic] and all those places where books are not expected. The aim is the promotion of reading and encouraging creativity generated by those who read a book.

(http://armadeinstruccionmasiva.com)

To gain social relevance, books need to be read, preserved and circulated. Books hold knowledge and contribute to perpetuating different, conflicting, disputable and alternative forms of knowledge and practice. Thus, as objects of instruction they are not meant to offer ready-made solutions, consensual knowledge and uncontested practices. Rather, as Raul the artist puts it: the ADIM is 'a sculpture that has the ability to transporting [sic] books and giving books way, collecting books, and making a mess on [sic] people's head […] and on my head too' (http://armadeinstruccionmasiva.com).

Clearly, the ADIM is both a work of art and a political intervention. Designed by Raul, a 'very unwell adjusted person [sic] to this society' (see https://vimeo.com/121404768, accessed 10 May 2016), the ADIM brings matters of concern (Latour 2005) into being that assemble social problems and sources of oppression, violence and inequality, as well as it offers a carefully designed work of art that enacts novel ways of engaging with these matters of concern. The purpose of the artist's work is to craft affective materialities, which may encourage practices that disrupt, question and alter social routines and activities.

'My missions are very dangerous', says Raul with a whimsical look, 'they attack people in a very nice and fun way' (see https://vimeo.com/121404768). So, Raul *does* something dangerous as well: he speaks the language of war in order to betray its logic with his work. Through artfully designed things, Raul experiments with politics by other means. The ADIM *is* a political tool. As such, it not only undermines the technologically mediated ideology of war and oppression, but also betrays conventional 'art worlds' by offering an alternative to institutionalised forms of delivering cultural capital and by engaging in social work experiments and political intervention:

The ADIM is a sculpture, also a street intervention, a unique piece of art, protest, encouragement, an image from another dimension […]. It conveys a specific message that transcends the boundaries of art and traditional art, the site of action is outside museums, cultural centers or libraries. The ADIM has combined the art and a way to develop social work.

(see https://vimeo.com/121404768)

The ADIM aims at provoking imaginative disruptions of the conventional. It is social work that non-violently troubles common social practices

and establishes novel relations between humans and nonhumans. Thereby it opens new territories for multiple forms of knowledge and practice. Although designed as a tool that is accessible to everyone, the main 'targets' of the ADIM are young people, the poor and the oppressed. The books are free and their distribution and circulation is thought to enable an exchange of gifts rather than an economy of commodities:

> The weapon of mass instruction is a mobile sculpture that carries books and gift books. The ability to transport allows to receive donations from anywhere and to bring them to the far corners of Argentina and the continent [sic].
>
> (see https://vimeo.com/121404768)

The social power of the ADIM is maintained as long as the distribution and circulation of books continue. The design is performing its art as long as it surprises us, makes us hesitate, think and resist the conventions of the delimited spaces of social life, culture and art. In this sense, the ADIM is a political tool for re-assembling the social by offering a *contrast* to conventions, common perceptions, institutional and taken-for-granted everyday practices. Moreover, the ADIM aims at sharing experiences from different places, bringing together local practices and materialities, generating cultural exchange between different places, people and communities. Mobilising the ADIM aims to distribute and circulate different knowledge and practices that encourage engagement in peaceful and enjoyable relationships with the world around us. It evokes novel forms of being together. As a consequence, design as a work of art can offer a profound *affective tool for caring about social wellbeing and its future.*

12.4 Social wellbeing

Design as a work of art, then, aims at the multiplication of possible ways of becoming with others and being other. This is the contrast to technologies of war that a work of art can provide and should be celebrated since it offers a unique form of caring for social wellbeing. Raul's artfully designed intervention disrupts collective life by visualising and altering common experiences, norms, routines and inequalities. The ADIM translates novel ideas into practice in order to create *enabling* experiences. What one can learn from design as a work of art is the importance of the relation between human and nonhuman entities, and how the latter can contribute in intervening, disrupting, questioning and altering contemporary ideas, relations and practices.

Here, the social is not a mere product of human interaction, but rather the social is in need of explanation by the different and emerging ways humans and nonhumans relate (Latour 2005; Stengers 2010a/b, 2011a/b; Schillmeier 2014). Consequently, the social

> doesn't designate a domain of reality or some particular item, but rather is the name of a movement, a displacement, a transformation, a translation, an enrolment. It is an association between entities, which are in no way recognizable as being social in the ordinary manner except during the brief moment when they are reshuffled together. […] Thus, social, […] is the name of a type of momentary association which is characterized by the way it gathers together into new shapes
>
> (Latour 2005: 65)

It is precisely through design as art, and its work of re-assembling, that we can learn how the encounter between the human and nonhuman *creates and preserves* social realities. Through art, 'percepts' and 'affects' emerge that gain existence on their own and contribute to the enrichment of social relations. As Gilles Deleuze and Felix Guattari state:

> What is preserved – the thing or the work of art – is a bloc of sensations, […], a compound of percepts and affects. Percepts are no longer perceptions; they are independent of a state of those who experience them. Affects are no longer feelings or affections; they go beyond the strength of those who undergo them. Sensations, percepts, and affects are beings whose validity lies in themselves and exceeds any lived. They could be said to exist in absence of man because man, as he is caught in stone, on the canvas, or by words, is himself a compound of percepts and affects. […] By means of the material, the aim of art is to wrest the percept from perceptions of objects and states of a perceiving subject, to wrest the affect from affections as the transition from one state to another: to extract a bloc of sensations, a pure being of sensations. […] Affects are precisely these *nonhuman becomings of man*, just as percepts – including the town – are *nonhuman landscapes of nature*.
>
> (Deleuze and Guattari 1994: 164)

Design as a work of art *gives* 'sensation the power to exist and be preserved' (ibid. 166) and 'the material becomes expressive' (Deleuze and Guattari 1994: 167). It is about practitioners engaging with materials and crafting things, which, as novel percepts and affects, may become matters of concern, affect us, make us hesitate and think, let us care about their existence and thus contribute to the creation of novel realities. With the nonhuman artwork, human beings engage in *designing and sustaining social futures* in a highly specific way. As percepts and affects, the work of art contributes to the composition of realities

made and in the making. Unlike in situations of war, the materialities of social and cultural relations are not expended, but unfold 'an inexhaustible variety of […] modes and shapes' (Heidegger 1971a: 47) and thereby contribute to enrich collective life. The work of art re-designs the social.

Thus, design as a work of art enables a threefold act of composing and preserving by: (1) materialising ideas; (2) introducing novel nonhuman percepts and affects; (3) suggesting new forms of practice and experience. Art not only re-assembles social relations but also resists ones perceived as normal and taken-for-granted. Design as a work of art unfolds a *cosmopolitical* adventure (Stengers 2010a) that engages and creates social relations between the human and nonhuman, which affect us, make us hesitate, think, act, as well as enjoy resisting the given. In this sense, it introduces a significant contrast to a humanist view of politics, where only reasoning individuals gain agency. It also alludes to an understanding of collective life as an artful process of linking the social with the nonsocial. Although often controversial and conflicting, the social as an artful process is foremost an instaurative, instructive and thus re-creational affair that aims at multiplying the agencies of others. This carefully designed merging of the human and nonhuman, ideas and materialities, the social and the nonsocial, *unfold* the multiple becoming/s of the social and thereby care about its wellbeing.

12.5 The art of rift-design

Design as a work of art introduces material compositions into the world in order to enrich it with novel experiences, thoughts and things. Through re-design we are enmeshed in being affected by and affecting social relations and new ways of existing. Martin Heidegger notes: 'In the midst of what is, art breaks open an open place, in whose openness everything is other than usual' (Heidegger 1971a: 72).

Most importantly, the artful re-design of social relations involves linking the human and nonhuman, the material and immaterial, the social and nonsocial without endangering what is linked. These relations of difference are not war-like oppositions in a state of destructive strife. Rather, in art and design, disparate entities require each other to go *beyond* each other, to gain from each other, and to enable novel relations *without* being conquered or destroyed by the other.

Design as a work of art can be understood as 'instigating' an eventful strife between different entities, bodies and agencies: unlike the politics of war and 'insipid agreement', it cares about the ongoing non-oppositional strife of differences. In that sense, the work of art is

a 'rift-design […] drawing together, into unity, of sketch and basic design, breach and outline' (Heidegger 1971a: 72). Artists are rift-designers and the work of art is a rift-design of the social. Artful design re-assembles the social and provokes a powerful contrast to the ideology of war that is caught up in a dialectics of destruction and creation.

12.6 Design, care and temporality

To continue with such an interpretation, we can learn from design as a work of art what it means *to care* about the human and nonhuman, how to care about others without destruction. We can learn how to think and care about the social, about our existence as social beings, which is a *process, a matter of concern* rather than a mere given in time, a matter of fact (Latour 2005). In that sense, *Dasein*, our social being, *is* design, *is* care: our existence unfolds the potentiality of being (*Seinkönnen*), whereby having been, being in the world and becoming-with-others belong together. *Dasein* is temporal and links past, present and future concerns. It is precisely the temporality of human experience that forms the 'structure of care': being-possible is a concern, a matter of care (Heidegger 1962[1927]: 374[327]). *Dasein* 'is care in the ground of its being' (Heidegger 1996[1927]: 256[278]). To exist is to care: the 'concernful' relation with things and the caring being and becoming with others. We emerge from relations, human and nonhuman alike, and we transform our relational being through the way we are dwelling and building, how we design our lives. We are able to care about being in the world in the different ways we are becoming-with human and nonhuman others and how we are *for* them.

12.7 Design, care and spatiality

Clearly, as we have seen with Raul's work of art, the ADIM, human existence as caring grants a 'spacing' (*räumen*) for the ways we engage, compose and live together with the nonhuman (Heidegger 2007). For Heidegger, our earthly existence is a form of 'building' (*bauen*) that indicates the ways in which we humans are 'dwelling' [*wohnen*], i.e. how humans and nonhumans *are* and *become* together - for the good or bad. As a practice of care, then, design is as much about gathering, cultivating, assembling and keeping things, as it is about composing and multiplying sustainable worlds of togetherness (Heidegger 1971b).

Living in extension – temporally and spatially – conjures up the possibilities of different modes of existence. Dwelling as caring means receiving from and building with others insofar as we are able to 'spare

and preserve the presencing of the world' and its diverse members. Caring about our dwelling(s), then, requires us to preserve the possibilities of 'becoming-with others' and acknowledging related and emerging requirements and obligations. In Heidegger's words: 'Dasein must, as itself, *become* - that is to say, *be* - what it is not yet' (Heidegger 1971b: 187). *Dasein* as care is becoming, is the art of design. Following such a reading, dwelling requires an ethos that cares about human others as much as it cares about the nonhuman, because this enables our social being in the first place. Caring for our existence grounds in accomplishing, building on and keeping *careful* [*schonend, umsichtig, besorgend, fürsorgend*][3] relations with human and nonhuman others: it requires the *careful design* of relations.

12.8 Caring about and resisting the habitual

However, if dwelling is merely building, it turns into a *Ge-stell* that limits or conceals the possibilities of being and consequently confines the potentialities of care and design. As Heidegger also notes, building as dwelling is generally experienced as the *habitual* (*Gewohnte*) (cf. Ravaisson 2008) or, as John Dewey has put it: 'Through habits formed in intercourse with the world, we also in-habit the world. It becomes a home and the home is part of our everyday experience' (Dewey 1980[1934]: 104).

But clearly, the habitual – and this is a core sociological problem – not only easily *conceals* the multiple ways of how dwelling is accomplished, but also *veils* 'building as dwelling' as the potentiality of becoming with and being for (cf. Harman 2002; Schillmeier 2011). *The habitual veils our existence as being a matter of design.* The everyday experience of *dwelling as habitual* silences the specificities and situated-ness of the processes of *habituation* and alludes to what sociologists call the 'normalisation', 'naturalisation', 'objectification' or 'purification' of social orderings. The given, the normal or taken-for-granted veils the work of care in the art of design and suggests that *no care* for and no redesign of the situation is needed. The world then is merely present-at-hand (*vorhanden*) and makes absent the very norms and normativities that are *built in* to dwell in this way and not in another, at specific places and not others, and so on. It also normalises who and what is included and excluded in ways that abstract from or make absent the very specific *work* of inclusion and exclusion. Caring about the social, then, requires to be methodologically *attentive* to the traces of how the presence of normality, of how 'social abstractions' (Stengers 2011b: 420), their

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[3] German: preserving/sparing, circumspect, concerned, caring.

materialities and powers are remembered, achieved, imitated, maintained, expected and designed. At the same time, as the ADIM tells us, to care about how we dwell requires that we care about our design as a way of redesigning and resisting the normal, the habitual.

12.9 More than human and less than inhuman

The art of design cares for the human *and* non-human social without building upon or applying a taken-for-granted 'idea' of the 'human' or the 'nonhuman', 'technology', 'nature', 'the other' and so forth. Thus, the art of design as care is a demanding proposal, since it highlights a process - *and* object-oriented understanding of the social – that includes the human without enrolling *humanism* or *human exceptionalism*.

The art of design as care is about the *more than human* and *less than inhuman*. It promotes what William James called a 'pluralistic humanism' or 'radical empiricism' which is 'essentially a *social* philosophy, a philosophy of "co", in which conjunctions do the work […] such as "and", "with", "near", "plus", "towards"' (James 2003[1912]: 102, 124). In this way, human exceptionalism and crude materialism become obsolete. Material things and immaterial thoughts are different, but related sets of *experiences* (Dewey 1971[1925]). These two worlds differ, 'not by the presence or absence of extension, but by the relations of the extensions which in both worlds exist' (Dewey 1971[1925]: 16). Consequently, the very understanding of a human 'idea' as an abstract and ideal space that is ontologically separated from the material is contested. Rather, it is the conjunctive (and disjunctive) relations between humans, human bodies and nonhuman entities which *are* experiences and unfold *how* they are experienced: 'It includes what men do and suffer, what they strive for, love, believe and endure, and also how men act and are acted upon, the ways they do suffer, desire and enjoy, see, believe, imagine' (Dewey 1971[1925]: 10). It is the social as *experience in the making* and *in transition* towards which the art of design alludes. James highlights:

> While we live in such conjunctions our state is one of transition. We are expectant of a "more" to come, and before the more has come, the transition, nevertheless, is directed *towards* it. […] We can not, […], name our different living "ands" or "withs" except by naming the different terms towards which they are moving us, but we live their specifications and differences before those terms explicitly arrive.
>
> (James 2003[1912]: 124–5)

The art of design accepts that we live both in relations and on speculative terms. This is precisely what we can learn from a work of art such

as the ADIM - it preserves, designs experience (materials, affects) as a means of transition, of redesigning: 'The future experience, […], maybe of things outside the thinker' (James 2003[1912]: 133). Thus, it is the future of the human social and the importance of the material, nonhuman and nonsocial that unfold the multiplicity of thoughts, practices and things that we need to care for. The art of design is vital in caring for the future.

12.10 The 'more than human' of ideas

As we have seen with the ADIM, the art of design celebrates experimenting with novel *ideas*, which affect and are affected by a multitude of experiences. In a Platonic reading, Ideas *represent* the nonhuman realm, the heavenly perfection which human souls can only imperfectly mime in order to come closer to them. In such a reading, engaging Ideas make us human. It is our tryst with Ideas, which makes us perfectly human by our imperfection to fully grasp the nonhuman. In the Platonic world, our souls are moved by the *erotic effectuation* of Ideas. Importantly, then, the *Idea* affectively enacts thought rather than being a mere *product of thought* (cf. Stengers 2010b: 5).

Interestingly enough, it is the Idea, the relation to/with the nonhuman, which makes us confirm that 'what makes us human is not ours; it is the relation we are able to entertain with something that is not our creation' (Stengers 2010b: 4). However, as Stengers reminds us as well, Plato was facing an inherently problematic situation when he claimed that engaging Ideas as a matter of politics is not the business of everyone but that of the ruling citizens, i.e. the philosophers. Thus, although Ideas were seen as a concern of *humans in general* they became the political property of *privileged citizens* (Stengers 2010b: 6). Plato's general matter of philosophical enquiry turned into a socio-political mode of exclusion, separating humans from citizens, producing modes of exceptionalism and essentialising inequalities. Subsequently in modern times, the idea of 'the human' who thinks, feels and hesitates is understood as a mere *human* production. This process 'allowed to claim exception, to affirm the most drastic cut between those beings who "have ideas" and everything else, from stones to apes' (Stengers 2010b: 7). Human exceptionalism unfolds a powerful Platonism since it *forgets* about the engagement with the nonhuman other that brought about an understanding of humans in the first place (cf. Schillmeier 2010). This 'misplaced abstraction' (Stengers 2011b: 421) installed a concrete '*étalon*': 'The standard human has the power to define everybody else in terms of a deviation from what then becomes taken as normal' (Stengers, 2010b: 13). The human becomes

the *creator* of the world rather than being enmeshed in carefully designing its dwelling while being in relation with (nonhuman) others.

Clearly, designers know the risks and dangers of misplaced abstraction. It is precisely the art of design that challenges the *coercive* and often *oppressive* power that comes with processes of abstraction. The art of design engages in the materialisation of powerful ideas that tries to resist the danger of freeze-framed notions and related normalising practices. From a caring design perspective all modes of normalisation refer to practices of realisation that articulate requirements, which emerge from the specificities of experiences of living and becoming with others – human and nonhuman alike.

As Plato already saw, the work of art is subversive since it introduces affective compositions which are felt, sensed and perceived in highly diverse ways (cf. Plato, 2000: Book 10). Hence, these affects disrupt the seemingly fully real, given, truth and oneness of Ideas by composing novel ideas and practices. The ADIM is a vital example of subverting normalised practices. Plato knew very well that the affective politics of the work of art might seduce even the most rational citizens by spreading its *cosmopolitics* through society by questioning, disrupting and altering individual and societal life (Plato, 2000: Book 10). As Raul would say, it produces a mess in their heads. The work of art *subverts* the representational logic of Platonic Ideas and their fellow modern apologists of human exceptionalism. Instead, it suggests an art of design of ideas and their materialisations through which human existence is always *more than human*.

12.11 Less than inhuman

From a caring design perspective, it is important to stress that the purification of ideas by cutting off the affective relation to its other (and *vice versa*) is susceptible to the *dangers of inhumanness*. We humans become inhuman once we treat ideas as well as things and nonhumans as the mere *Ge-stell* of the human, i.e. as a matter of *securing* the relationship with the many through the One.[4] Inhumanness unfolds a relation with the other *sine cura*: *a relationship* that ultimately *does not need care*. Rather, it aims to be secure *from* others.

Human exceptionalism is a *form of inhumanness*. Human exceptionalism as the *will to secure* the social human by purely human means remains

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[4] In this sense the nonhuman – and finally the human as well – become mere technology *as* the *Ge-stell* of the human, a matter of human production, selection and power. As a Ge-Stell, nonhumans and humans turn into the 'standing-reserve' [*Bestand*] of the human. See Heidegger (1977: 27).

inhuman since it either neglects or veils the nonhuman and the nonsocial as the striving other that has been granting the wellbeing of the human social in the first place. It conceals the *Ge-Schenk* (gift, pre-sent) of the nonhuman and nonsocial for the humans *to gain* possibilities to do things (differently), i.e. of *having* agency, of becoming other. Neglecting that the nonhuman and nonsocial contribute to the wellbeing of the human social ends up in human exceptionalism and conflates design with creationism.

With the art of design we become aware that universal self-sustaining ideas, taken-for-granted and given matters of fact as well as the normalcy of societal ordering 'are essentially referent beyond themselves' (Whitehead 1938: 69). Consequently, 'it is a mere fantasy to impute to them any "absolute reality", which is devoid of implication beyond itself' (Whitehead 1938: 69) and thus assumes a reality *sine cura*. Ideas and things are not self-sustaining realities, but modes of existing that require each other - as potentiality and actuality, as thought *and* thing. These modes of experiences (thoughts and things) need each other 'to express their mutual relevance' (Whitehead 1938: 70) in order to strive for and compose the possibilities, becomings and differences that go beyond the given, the normal and taken for granted. Modes of existence and their multiple compositions differ, 'not by the presence or absence of extension, but by the relations of extensions which in both worlds exist' (James 2003: 16). Ideas and things are actual inasmuch as they express potentiality. 'Actuality is the exemplification of potentiality, and potentiality is the characterization of actuality, either in fact or in concept' (Whitehead 1938: 70).

What we can learn from the art of design is that the material is about the expression of potentiality as much as ideas are. Thus, as a matter of care, ideas and material objects are relative terms of experience that compose the world and open up possibilities for novel forms of composition, action and relationality. The art of a caring design resists the normalcy or 'givenness' of these enduring entities by redesigning what made and will make them enduring. The art of caring about human existence, then, is to preserve the striving togetherness of the social and nonsocial, ideas and things, humans and nonhumans, in order to perpetuate the *wellbeing of the social* that is referent beyond itself. A caring design perspective can contribute to the 'understanding of the interfusion of modes of existence' (Whitehead 1938: 71) and thus is committed to the *more than human* and to the *less than inhuman*.

From a caring design perspective, it is precisely the history of ideas as well as the history of the work of art that make us aware that 'nothing can be explained as normal' (Stengers 2011b: 422). What makes Plato's Ideas still remain valuable for a caring perspective is the importance given to the *affective* 'agency of ideas' (Whitehead 1967[1933]:

25). It is the contribution of ideas to the 'creation of the world – that is to say, the world of civilized order – [which] is the victory of *persuasion* over force' (Whitehead 1933: 25). Hence, the ambiguous logic of Platonic Ideas will not be dismissed, but functions as a *lure*: (1) to question their static or given reality, and (2) to draw attention to the conjunctive (and disjunctive) relations of experiential realities, which unfold highly situated and often conflicting requirements. The same applies to seemingly given societal facts, standards, norms, rules, prejudices, technologies, objects and infrastructures, which also function as social baits to draw attention to the histories of how they become what they are. It is the obligation of artful design to redesign ideas and with it the composition of a shared world of the human and nonhuman.

It is precisely the work or art which may affect novel, *non-coercive* relations between humans and nonhumans. Raul's ADIM is a work of art due to its extraordinariness and uncommonness that translates a novel idea into unusual materialities that affect social relations. The ADIM is a victory of speculative instruction over destructive forces since it allows for an adventurous '*Zeit-Spiel-Raum*' (time-play-place, time-space) (cf. Heidegger 1994) of emerging relations and practices. By introducing the ADIM into urban and rural life, it opens a *space of thriving* for novel ways of living, thinking and doing things by bringing together those who strive for a better life. Those who partake are neither forced to do so nor is the action *caused* by something. Rather, humans may be 'affected' by the ADIM to engage in reading, exchange ideas, but they may also have something better to do or are just not affected and do not care. People may have different things to do rather than read a book.

One can learn from the work of art how to resist the dangers of inhumanness. It offers a contrast to the representational *logos* of Ideas and its exclusivist humanist politics. It also proposes a contrast to the politics of destruction as well as the politics of consent insofar as the *wellbeing of the social* unfolds 'the belonging together of what differs, through a gathering by way of the difference' (Heidegger 1971c: 218). The art of design celebrates the social as an event (Schillmeier 2014). It is committed to striving for differences that reveal the everydayness of the *more than human* and is obliged to the *less than inhuman*. It is the focus on the perpetuation of a non-violent strife of differences that questions, disrupts and alters the 'normal', 'common' and 'taken for granted' which not only preserves the work of art but also cares about the wellbeing of the social. Although ontologically always unfinished, the objects of design unravel compositions that entwine the differences in unique caring ways.

12.12 Design as care

From the discussion so far, we have seen that caring – as a form of artful design – is the ability to pay attention to and compose possibilities of displacing the normal and common by preserving and accounting for the requirements of the other, uncommon, non-normal and unexpected, which enact and ensure transformation. This is most vital since caring relations can easily function not only as a mere technique *sina cure* made by and for humans, but are prone to be instrumentalised as technologies of normalisation and thus may contribute to a *careless reality*.[5]

A caring perspective of collective living is nurtured and driven by the question concerning the possibility of an ethos that achieves the double bind of tracing and resisting the normal, the average, common sense as the good sense, and the normalcy of conventions. It is concerned about the way we care in our life and how we may give time–space for differences that question the standard and that include the concerns and practices of others, the marginalised, minorities, or the excluded.

A caring design perspective addresses the issue that we easily 'lack the resistance to the present (*Realität*)' (Deleuze and Guattari 1994: 108) and social reality becomes a mere object, stuff, a *Ge-stell*. Unable to resist the present – its *design* so to speak – it becomes a 'function of the experienced' (*fonction du vécu*) that treats the present as a stabilised and uncontested matter of fact. Reality becomes simply *present-at-hand* and as a matter of inhumanness it turns into a mere human creation. Consequently, the future of collective living becomes a matter of planning with more or less careless objects rather than a mode of design that cares about the careful processes of *de-signing and re-designing* the relations between humans, humans and nonhumans, the social and nonsocial.

Sociologists know very well how difficult it is to trace the taken-for-granted of social reality and practices. To make the latter visible, Harold Garfinkel argues that the researcher 'must either be a stranger to the "life as usual" character of everyday scenes, or become estranged from them' (Garfinkel 1967: 37). In both cases, we need to engage in an art of care that affects 'the visible inclusions of the alien in the sight of the familiar' (Heidegger 1971c: 226).

Following on from that, a caring design perspective entails engaging in *processes of intervention*. Following the etymology of intervention,

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[5] Clearly though, *objects* like well-functioning designs and technologies, enduring artifacts and buildings, are not merely problematic or oppressive. Quite the contrary, they may relieve us from constantly caring about them, and, as with assistive technologies, they may allow us to delegate a caring function to them.

it aims at creating *interstices*, spaces of the between for new becomings. Therefore, to care about the collective means that it remains to be explained how humans and nonhumans relate and emerge from it. It is the specificities of the concrete, the multiple *expressions* and modes of existence which need to be described, understood *and* composed. As *general matters of fact or social things* they do not offer a template for knowledge or a given source of explaining the specific, but are matters of concern, possibilities in need of engaging, 'matters of care' (cf. Puig de la Bellacasa 2011, 2012), matters of design and redesign.

Clearly, then, a caring design perspective is not an innocent endeavour and is 'always, and unavoidably, an intervention in the world in which all those (humans and nonhumans) enjoined in it can, and do, affect each other' (Whatmore 2003: 90). It requires that we care about our interventions, and care for the emerging relations and possibilities to engage the collective. This is very much what designers do, if understood as artists of the social, who, with their work, add a twist to the present, both in thought and practice. Such a concern – as Stengers would say – enables them 'to "slow down" reasoning and create an opportunity to arouse a slightly different awareness of the problems and situations mobilizing us' (Stengers 2005: 994). A caring design perspective spares time to resist the present and turns its concern towards 'realities to be/come' (Schillmeier 2013).

The art of care not only challenges the normal, familiar, common or taken-for-granted, but aims at granting the *letting*-dwell (*Wohnenlassen*) of the unfamiliar, unexpected, the excluded, marginalised, forgotten, ignored, hidden, the inclusion of the Other ([*der/die/das Andere/ Fremde*]), and those disfigured by the process of normalisation. This means that a caring design perspective gains a political voice, inasmuch as it questions the normalcy of collective action by multiplying new actors and promotes the imaginaries of an eventful reality. As a mode of 'creative fabulation' (Deleuze and Guatarri 1994: 171), it engages in 'imaginative adventures centred on what matters to us' (Stengers 2011b: 422). A caring design perspective cares about the togetherness of the social and nonsocial rather than trying to cure the social from the nonsocial by employing mistaken abstractions (e.g. human exceptionalism). Without doubt, time–spaces of the social, like city dwelling, offer intriguing potentialities to test caring designs and a caring research agenda as a means to disrupt and alter the careless realities of urban dwelling and building.

In conclusion, I suggest that a *caring design* can be understood as the *art of betraying*, an exquisite non-violent mode of engaging and disrupting social relations. A caring design performs the *social multiple*, creates twists and contrasts. It enriches collective living by questioning and disclosing the various *Ge-stelle* of social relations, its habitualised

times–spaces and related norms and normativities that mark the specific processes and materialities of normalisation, inclusion and exclusion. Thus, a caring design can be understood as an *assembling technique*: objects, practices, territories of design materialise 'counterpoints', which assemble processes of counter-effectuations, novel percepts and affects that create new worlds by betraying realities assumed as naturally given. Through the 'erection of monuments with its sensation' (Deleuze and Guattari 1994: 199), design as *caring* keeps the social active and contributes to the preservation of its wellbeing: it safeguards the social as an event that links the social with the nonsocial, the human and nonhuman beyond the ideologies of destruction and war, as well as protects from the pitfalls and dangers of human exceptionalism. Instead, *the art of a caring design celebrates the more than human and the less than inhuman*. Raul's ADIM is a vivid expression of this.

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Afterword: Caring Urban Futures

Charlotte Bates and Kim Kullman

There are many reasons to think that the processes, practices and outcomes of urban design are uncaring, and there are countless examples of environments that are neglected, invaded, exclusionary, segregated and insular (see Carmona and Wunderlich, 2012). Engaging with critiques of contemporary design practice, this book has offered insights into how things might be different. Showing the intricacies of everyday interactions and the immediacies of caring practices negotiated in urban space, the contributors have highlighted both the difficulties and the possibilities of designing with care and caring with design. Their chapters portray care as a situated practice of attending to and mending the fragile relationships that make up the common world, expressed through the diverse ways in which built form, ranging from domestic kitchens and care centres to parks and public artwork, becomes shaped and sustained in practices of design and daily use.

While many of the chapters wrestle with urgent contemporary issues relating to urban design and urbanisation, from inclusivity to sustainability and changing demographics, one of the defining qualities of this volume is its anticipatory and hopeful outlook. As Michael Schillmeier argues, 'it is the future of the human social and the importance of the material, nonhuman [...] that we need to care for. The art of design is vital in caring for the future'. The contributors suggest affirmative ways of thinking about the possibilities of urban life and the futures of caring in the city, and it is these that we take as a point of departure for this afterword. Whereas academic research tends to approach care as a modest relational practice that is focused on the present, we suggest that every moment of caring contains a possible future in the making. Drawing on the centrality of utopianism in past and current thinking on architecture, and design's almost instinctive

future-orientation (Yelavich and Adams 2014), we suggest that care, in combination with design, can inspire alternative and more inclusive forms of agency and togetherness. Such future-making asks for wide-ranging transformations in the organisation of design practices. Here, we concentrate on pedagogy as one way of effecting change.

Although pedagogy is often conflated with 'reproduction of knowledge and technique', we follow Rabinow and Bennett (2012: 44) in defining it as 'the development of a disposition to learn how one's practices [...] form or deform one's existence'. Pedagogy, in this view, entails a willingness to experiment with practices so as to adapt them to an ever-changing world. The contributors transpose this understanding into the area of design, demonstrating that it can foster continuous learning, which moves beyond 'knowledge as a thing made' towards 'knowledge in the making' (Ellsworth 2005: 1). One example of such an orientation is Tomás Sánchez Criado and Israel Rodríguez-Giralt's chapter, which describes how a collaborative design collective was arranged in an open-ended and egalitarian way to facilitate new forms of learning across disciplines and designer-user divides. This attitude is also evident in Sophie Handler's chapter, as she shows how urban curating can allow professionals and marginalised groups to learn from each other, while also exploring alternative approaches to spatial practice. These and other contributors demonstrate that the design process is often as important as its outcomes, with the former offering 'room for speculation' and creating methodological transformation (Ellsworth 2005:9).

Above all, the pedagogies emerging from the chapters of this book are shaped by the relational awareness of caring, which suggests that future-making by design is accompanied by certain ethical and political commitments. These are best encapsulated by Flusser, who argues that it is essential for designers to assume responsibility, both in the present and the future, over the objects that they bring into existence. Referring to the Latin *obiectum* behind the word object, something 'thrown in your path like a projectile', Flusser (1999: 58) points out that while designed objects should assist people in removing obstacles from their path and thereby enhance their agency in the world, it is often the case that such objects become obstacles themselves. It is important to note, however, that the contributors to this volume do not seek to place the ongoing responsibility for design and its outcomes solely in the hands of practitioners. As Marshall observes, designers alone 'are incapable of determining the ethical and moral implications of the way designs act or proliferate in the world' (Marshall 2014: 244). Instead, the contributors suggest a redistribution of responsibilities by encouraging more collective engagement with design matters and processes.

As Tomás Sánchez Criado and Israel Rodríguez-Giralt demonstrate, radical forms of collaboration between social scientists, designers and users can both politicise design and create better ways of living together by promoting collective values and encouraging a culture of sharing and 'joint problem-making' among those involved in the process. Such an approach to design, which seeks to distribute capabilities and knowledges beyond practitioners, has the potential to bring about what Marshall describes as a wider 'transformation of design practice from a closed guild practice to a fully implicated social and material practice' (Marshall 2014: 244). As Sánchez Criado and Rodríguez-Giralt argue, the challenge of caring design is creating 'conditions to enable careful experimentation with designing better ways of living together'.

For Jos Boys, fostering responsible design requires that professionals attend to 'the inequalities and invisibilities in everyday social and material practices'. She advances a concept of caring that involves a sustained commitment to 'work against ordinary, unnoticed discriminatory practices'. This entails a willingness among architects and other design practitioners to engage with everyday experiences of built space and recognise the 'ambiguity, partiality, inequality and contestation' of all design. Juhani Pallasmaa describes how responsibility among architects can also be manifested through their bodily receptivity to the world, whereby the designer 'becomes a "stand-in" [for those] for whom he is designing'. Knowing how to design for others is a precarious skill, which can only be acquired through a close engagement with the lifeworld of the future inhabitant of a building so as to learn about 'his/her experiential reality'.

As Joyce Davidson and Victoria Henderson show, this involves attending to often 'lesser explored questions of how cities are *felt*', including how people experience what Ola Söderström describes as the 'sensorial transitions' and 'affective dimensions of place'. Rather than designing with fixed ideas about what bodies are presumed to be and do in urban space, this approach releases possibilities for the creation of environments that are both responsive and accommodating. Sheila Peace illustrates that designing with and for bodily diversity is also a future-oriented process. She argues for a lifecourse approach to kitchen design based on intimate knowledge of 'how people cope with transitions, which can be supported in different ways by the places in which they live'. Similarly, Daryl Martin demonstrates how well-designed health care environments are flexible enough to allow themselves to be creatively 'choreographed and co-produced by the actions of those who inhabit' them. Such material responsiveness to bodily specificity can invite people to engage with their surroundings in new ways, gradually transforming their agency in the world, as suggested,

for example, by the Kansai Rosai hospital garden (Bates, Imrie and Kullman, this volume).

When design is seen as a collective endeavour, it becomes important for all to share some of the responsibilities over the future of the built environment. The pedagogy outlined in this book is very much 'public' in that it points to ways whereby anyone involved in the design and use of everyday spaces can begin to evaluate and adapt urban forms so that they respond better to diversity and difference. This also involves recognising that designed objects are characterised by unpredictability once they have been released into the world and therefore require collective care. As Puig de la Bellacasa (2011: 100) suggests, 'we must take care of things in order to remain responsible for their becomings'. As relational entities, designed objects are attached to those who are involved in their shaping and those who use them. Jacky Bowring brings this point to light in her discussion of the treatment of sites of trauma in post-earthquake Christchurch, where various features of the urban environment, such as ruins and surviving trees, needed sustained attention from citizens, even if they served to bring back painful memories, as removing or replacing them 'would be a betrayal of what the city has experienced'.

There is nothing novel about dreaming of a better future, and there is much that might be considered unrealistic and even dangerous about an orientation to the future, which risks detracting from the present need to overcome social structures and design practices that render places uncaring. Yet, as Bloch (1995: 223) wrote in *The Principle of Hope*, 'the world without future-laden properties does not deserve a glance'. Dreaming, not of architectural fantasies or of societies without built form, but of configurations that recognise the co-dependence of space and society, is one way of finding and communicating possibilities for better ways of living. Such possibilities help to move design beyond the banal and conventional, and shape urban life. As Lynch writes, dreaming is not an idle act, 'despite what the critics of utopia might have you believe. First, of course, because it is a pleasure to dream. Second, because wishes are part of the mechanism of action. Thinking of them is one way of learning how to act better in the present' (Lynch 1975: 44). Dreaming of a better future is also a critical mode of speculation, 'an attempt to explore and predict what might be, and to expose it to judgement' (Levitas 2010: 542). Together, the contributors to this volume have dreamt of a world more closely fitted to human feeling, more aware of interactions between humans and nonhumans, and more questioning of the practices that shape design. Their combined writings suggest a politics of hope and a renewal of interest in finding more inclusive ways of being together, now and in the future.

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