

# CARE AND DESIGN

BODIES, BUILDINGS, CITIES

Edited by  
Charlotte Bates,  
Rob Imrie  
and Kim Kullman

WILEY Blackwell



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**Rob Imrie**

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# Notes on Contributors

## The Editors

**Charlotte Bates** is a Researcher at the Centre for Urban and Community Research, Goldsmiths, University of London. Her work touches on the body and materiality, everyday life and sense of place. Her first edited collection, *Video Methods: Social Science Research in Motion* (Routledge, 2015) was recently published in the Routledge Advances in Research Methods series. It will shortly be followed by *Walking Through Social Research* co-edited with Alex Rhys-Taylor in the same series.

**Rob Imrie** is Professor of Sociology in the Department of Sociology at Goldsmiths, University of London. His research interests include disability and design, urban regeneration, and urban policy and politics. He is author and co-author of several books including *Disability and the City* (Paul Chapman Publishing, 1996), *Inclusive Design* (Routledge, 2001), *Accessible Housing* (Routledge, 2006), *Architectural Design and Regulation* (Wiley-Blackwell, 2011), and *The Short Guide to Urban Policy* (Policy Press, 2015). At present, he is directing a project funded by the European Research Council on the topic of universal design, disability and the designed environment.

**Kim Kullman** is a Research Associate at Goldsmiths, University of London, presently working on a project studying inclusive design. His research, which engages in debates within urban studies, social and cultural geography, and science and technology studies, has been published in journals such as *Social and Cultural Geography*, *Environment and Planning A* and *Geoforum*. He is currently writing a forthcoming monograph on pedagogies of urban mobility and preparing chapters for edited volumes exploring design practices from an interdisciplinary perspective.

## The Contributors

**Jacky Bowring** is Professor of Landscape Architecture at Lincoln University, Christchurch, New Zealand. Jacky has research and design interests in the areas of emotional landscapes, memory, landscape architecture theory and critique. The earthquakes in her home town of Christchurch (2010–2011) brought an immediacy and vividness to Jacky's research. She is the editor of the journal *Landscape Review*, and author of *A Field Guide to Melancholy* (Oldcastle, 2008), and *Melancholy and the Landscape: Locating Sadness, Memory and Reflection in the Landscape* (Routledge, 2016).

**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, Disability 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>)

**Tomás Sánchez Criado** is Senior Researcher at the Munich Center for Technology in Society's Chair of Participatory Technology Design, TU München. He is a social anthropologist specialising in Science and Technology Studies whose studies and publications have focused monographically on the ethnographic exploration of the material politics of care infrastructures and their contemporary open/collaborative design transformation. He is currently working on a multi-sited project, *Accessibility Values*, on urban accessibility smart infrastructures, studying how processes of expertisation of Disability Rights Movements' advocates and of engagement of technical professionals, as well as policy and market regulations of standards, might be deploying different versions of technical democratisation in Europe.

**Joyce Davidson** is Associate Professor of Geography at Queen's University, Canada. She is author of *Phobic Geographies: The Phenomenology and Spatiality of Identity* (Ashgate, 2003), and founding editor of *Emotion, Space and Society*. Co-edited collections include

*Emotional Geographies* (Ashgate, 2005), and *Worlds of Autism: Across the Spectrum of Neurological Difference* (University of Minnesota Press, 2013).

**Sophie Handler** has spent the last 10 years working under the practice-led research platform *Ageing Facilities*, and using creative forms of urban practice to rethink older people's relationships to urban space. She has an interest in how the skills and resources of architecture, as a relational practice, can support older people in the context of urban change – and how this particular aspect of architectural practice might be given more space in mainstream policymaking. Currently working as Research and Planning Officer for Age-friendly Cities at the University of Manchester, Sophie is the author of *An Alternative Age-friendly Handbook for the Socially Engaged Urban Practitioner* (University of Manchester, 2014). She chairs the RIBA working group on Research and Ageing.

**Victoria L. Henderson** is a PhD candidate (ABD) in Geography at Queen's University, Canada, and a Managing Director at the Institute for Social and Economic Analysis. Her scholarly research has been supported by the Social Sciences and Humanities Research Council of Canada and the Institute for Humane Studies at George Mason University.

**Daryl Martin** is Lecturer in Sociology at the University of York. He has long-standing interests in the areas of architectural theory, cultural geography and urban studies. His current research explores the intersection of architecture, embodiment and health, and he is involved as a Co-Investigator on the ESRC funded 'Buildings in the Making' project, which seeks to understand the work of architects as they translate ideas of care into their designs.

**Juhani Pallasmaa** is a Finnish architect and former professor of architecture at the Helsinki University of Technology and a former Director of the Museum of Finnish Architecture (1978--1983). He runs his own architect's office – Arkkitehtitoimisto Juhani Pallasmaa KY – in Helsinki. His exhibitions of Finnish architecture, planning and visual arts have been displayed in more than 30 countries and he has written numerous articles on cultural philosophy, environmental psychology and theories of architecture and the arts.

**Sheila Peace** is Emeritus Professor of Gerontology in the Faculty of Health and Social Care at The Open University. A social geographer by first discipline, Sheila is an expert in environmental gerontology. She has published on the environments of ageing, including the quality of life of older people living in the care home sector, everyday living in

supportive and mainstream housing, intergenerational interactions in public spaces, and inclusive design in kitchen living. She is currently President of the British Society of Gerontology.

**Israel Rodríguez-Giralt** is Associate Professor in the Department of Psychology and Educational Sciences at the Open University of Catalonia (UOC). He is a social psychologist with specialisation in Science and Technology Studies. His work revolves around the study of new forms of technical democracy, social experimentation, public debate and political mobilisation. His more recent research focuses on the processes/practices mediating political participation/mobilisation in public controversies around social care policies. This includes the study of grassroots promotion of independent living in Spain and the study of disabled people's protests against the austerity measures in the UK.

**Michael Schillmeier** is Professor of Sociology in the Department of Sociology, Philosophy and Anthropology at the University of Exeter. He has written on the eventful dynamics of societal orderings, outlining the relevance of embodied and affective relations, material objects and technologies. His research includes Science and Technology Studies, Disability Studies, and the Sociology of Health and Illness and Cosmopolitics. His work is cross-disciplinary and links Sociology with Philosophy, Anthropology and Art. He has authored and co-authored numerous books including *Eventful Bodies: The Cosmopolitics of Illness* (Ashgate, 2014), *Rethinking Disability: Bodies, Senses and Things* (Routledge, 2010), and *Un/known Bodies* (Wiley-Blackwell, 2009).

**Ola Söderström** is Professor of Social and Cultural Geography at the Institute of Geography, University of Neuchâtel, Switzerland. He has published extensively on urban material culture, visual thinking in urban planning, and urban globalisation. His current work focuses on the relational comparison of urban development and the urban geographies of mental health. His most recent book is *Cities in Relations: Trajectories of Urban Development in Hanoi and Ouagadougou* (Wiley-Blackwell, 2014).

# 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

grateful to Sarah Fielder who copyedited chapters and produced the index, and to the European Research Council who provided funding (project number 323777) that enabled us to host the Royal Geographical Society session. Our thanks to Madeleine Metcalfe, Senior Editor at Wiley-Blackwell, for supporting the original idea for the book and, with her colleague, Viktoria Vida, steering us through the editorial process.

*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.<sup>1</sup> 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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<sup>1</sup>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 Aalto 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.

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).<sup>2</sup> Garland-Thomson

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<sup>2</sup>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