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Chapter Six

Configuring the Caring City: Ownership, Healing, Openness

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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 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).



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 benefit 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 dissuade 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 m² 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, layouts 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 families 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 constitute 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 implications 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 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.



Figure 6.3 The Kansai Rosai Garden. Leafy canopies with walkways shaded from the sun.

Image: Kim Kullman.

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.



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

Image: Kim Kullman.

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 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).



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.

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 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.



Figure 6.6 Transparent walls at Pangyo housing.

Image: Koichi Satake. Reproduced by permission of Riken Yamamoto.

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 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

We would like to thank Sibylla Hartel and Gustafson Porter, Yoshisuke Miyake and Fusayo Asano, and Riken Yamamoto for their contribution to this project. Our thanks to two

anonymous reviewers who enabled us to develop some of the arguments in the chapter. We would also like to thank the European Research Council (project number 323777) for providing the funding for the research that the chapter is based upon.

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Notes

- 1 The researchers and authors of the respective cases were Charlotte Bates (Ownership), Kim Kullman (Healing) and Rob Imrie (Openness).
- 2 For further information about the ERC project, visit <http://universalisingdesign.info> (accessed 29 April 2016).