

Inclusive design. Discriminating architecture.



Emma Nilsson

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In the September 2020 issue of *Architectural Review* the Dutch architect Herman Hertzberger writes a letter to his younger colleagues asking them to move away from a practice of "architectural organisations [that] systematically neglect [...] social cohesion and conditions for belonging in favor of serving and even stimulating individualism". The letter echoes an increased concern within architectural discourse addressing multiplicity, collectivity, and matters of care. Hertzberger continues:

Instead of designing with exclusively specific purposes in mind we should also include space for alternative interpretations, which are generated by spontaneous situations. Every horizontal plane may become a table under certain circumstances but whether we call it a table is dependent on its context.

Besides calling for an inclusive mindset in the *practice* of architecture, the quote also expresses a faith in the power of architecture as an *object* to create social cohesion and reinforce togetherness. Architectural intentions do matter, says Hertzberger, but they should inform architecture in such a way that it opens for alternative interpretations generated by spontaneous situations.

The understanding of architecture as an agent for social change is widespread and versions of it can be traced in almost any architectural project description, practice manifesto as well as architectural discourse in general. However, the letter in *Architectural Review* is intriguing in the way it explicitly situates this notion in relation to concrete architectural form, a position I would like to stay with for a while. What does it mean to take seriously that every architectural configuration – such as a horizontal plane – can be used in multiple ways given the circumstances, and why is it important to distinguish between this kind of relationality and the relations that decide whether something is labeled 'a table' or not? If the first question deals with the ambiguous character of architecture as concrete form *in use*, then the second is more concerned with the *conceptualization* of architectural configurations. This text will foremost engage with the inevitable complexity embedded in first question, but also touch upon the latter since it informs matters attached to inclusive architecture and consequently the act of designing for inclusion.

Architecture is in one way or another always discriminatory. This is perhaps obvious, but nevertheless crucial to have in mind. Built culture sets limits and creates conditions enabling some usages while making others hard or even impossible. Similar hierarchies are also established through the inhabitation of the built, making it simultaneously inclusive and exclusive. This might sound

disturbing, but it is not necessarily an act of oppression or violence. Processes of inclusion and exclusion are present even in mundane activities as when my sitting at the table in a certain way prevents someone else sitting there.¹

If we return to the question of ambiguity and making 'space for alternative interpretations' it must be noted that the possibility to sit at the table is for one dependent on the ability to read something as a table, or to associate its horizontality with the affordances of a table.² Such associations are not only evoked by the concreteness of the objects or spaces at hand. They are informed by memories of other objects – other spaces, inhabited and embodied elsewhere. This is not a simple act of translation where distant architectures are superimposed onto or read through the one present. Associations are equally mediated by particular bodies, and so in a very concrete way what reads as 'a table' is dependent on the body encountering it. The two constitute each other, and it is a mutual relationship that is present in all encounters between architecture and a bodily inhabitation of it.³ Bodies make and shape architecture, but architecture is equally part in the making and shaping of various bodies.⁴ At times the relationship between the two is so intricately articulated and distinctly manifested it becomes perceptible even for someone not directly affected by its consequences.

As an architecture student on a study trip in Paris I visited *Maison de Verre*, a dwelling combined gynecological clinic designed and built between 1928-31. It is perceived as an example of avant-garde architecture within early modernism and located in the eastern side of Palais-Bourbon on the border to Luxembourg.⁵ *Maison de Verre* is embedded in the historic centre of Paris occupying the inner

¹ See also Ida Sandström (2019) *Towards a Minor Urbanism*, p.31 for a similar argument in relation to the idea of urban publicness and urban design. A resemblant understanding of the inclusion embedded in exclusion is also manifested in architectural projects where inclusion is made possible through a reversed discrimination, e.g. MYCKET's work *Exclude me in*, addressing queer culture in Gothenburg's club scene in the 1980s, performed at Gothenburg Art Biennial 2013.

² For the original conceptualization of *affordance* and its correlating concept *niche*, see Gibson, J. 1977. *The Theory of Affordance*. In Shaw, R. & Bransford J. (red.) *Perceiving, Acting, and Knowing. Toward an Ecological Psychology*. Hillsdale. For a translation of affordance theory in relation to architectural theory, see Kopljar, S. (2016). *How to think about a place not yet*. Thesis, Department of Architecture and Built Environment, Lund University.

³ I have written more extensively on the role association plays in the production of various bodies and their interconnectedness with particular *terrains* in *Arkitekturers kroppslighet. Staden som Terräng*. (2010). Thesis, Department of Architecture and Built Environment, Lund University.

⁴ This aligns with a common understanding that there is nothing as a disabled body as such, a notion further supported by various legislations demanding accessibility in the built environment. The underlying argument is that disabilities arise in the encounter of a particular architecture. If this is true for 'disabled bodies', then architecture also makes and shapes 'able bodies'.

courtyard of a *hôtel particulier*, a French urban dwelling typology common before the apartment houses typical of 19th century Paris. I encountered the building through a guided tour revealing the dwelling spaces of the two upper floors and the clinic on the ground floor.

Maison de Verre is a collection of distributed performativity. The subdivision of spaces into 'rooms' are hardly ever made by mere partitions. They are rather interior fittings tailored to meet an array of situated 'functions', translating a more generic understanding of activities such as dining, sleeping, socializing, or working into precise articulations of inhabitation.

It is quite an introvert interior, encapsulated by an illuminating facade of glass blocks: a screen that creates an evenly milky light characteristic of the dominant space in the building – the library-salon connecting the domestic spaces of the upper floors. Throughout the building the screen reoccurs as instances of illumination in contrast to the darker innards of the house. There are rarely any clear sight of the front courtyard or back garden from the common spaces. This view is mostly the privilege of more private rooms and provided by cautiously placed clear-glass-sections in bedrooms, boudoir, consultant room, and servant quarter. The windows and the omnipresence of an illuminated screen creates conditions for the interplay between dwelling spaces, clinic spaces, servant spaces and exterior spaces. Additional curtains and panels of perforated metal and rippled glass provide adjustable transparency and visibility. An exterior lighting system erases the otherwise inevitable projections of evening domestic life on to the exterior facade.

Initially I find the architecturally embodied habits of living and working intriguing. Slowly my fascination is replaced by a creeping feeling of claustrophobia. It is not so much an effect of the introverted character of the building, as it is caused by the architectural incarnation of a particular set of bodies.

The building is made-to-measure a family of four: Jean Dalsace a gynecologist, Annie Dalsace a patron of modernistic art, and their two children; Bernard and Aline. Above all, *Maison de Verre* provides much space and innovative craftsmanship to the rituals of cleaning and bodily care. The main bedroom has an ensuite bathroom where the configuration of washbasins, bidet, shower cabin, bathtub, cabinets, panels, mirrors, and screens choreograph the various

⁵ *Maison the Verre* was designed by architects Pierre Charreau and Bernard Bijvoet and made into built form by ironsmith Louis Dalbet. For further reading on the story behind this building, the architects behind it, and a discussion of its role in architecture history see Emma Cheadle (2017), *Part-Architecture. The Maison de Verre, Duchamp, Domesticity and Desire in 1930s Paris*, Routledge; Sarah Wigglesworth (1998), *Maison de Verre: Sections Through an In-Vitro Conception*. In *The Journal of Architecture*, 3:3, p. 263-286; and Kenneth Frampton (1969), *Maison de Verre*. In *Perspecta*, Vol. 12, pp. 77-109, 111-128.

acts of cleaning, grooming, showering, bathing, dressing, and undressing. This interplay is further enhanced by shifts in floor levels, cantilevered fittings and panels that can be folded, slid or rotated. The bathroom is a shared space of a married couple. It is also a condensed landscape of vistas, unfolding distinct and partial views of the other – of each other.

The interplay between 'him' and 'her' constructs a spatial game that configures the male body in relation to the female and vice versa. In doing so architecture inevitably reproduces and reinforces prevailing notions of the other, as in the vertical figure of the showering male and the horizontal figure of the bathing woman who only to some extent can control her visibility while in the tub. But, beyond being gendered the main bathroom is a sexualized space with no definite 'proper place': not one gaze, but many with opportunities to slide between viewpoints and positions. The articulation of 'him' and 'her' enacted by the bedrooms of the two children is somewhat cruder. Both rooms are equipped with basin and bidet placed on a platform along one of the walls inside the bedroom visually veiled by a curved and pivoting perforated screen. However, where the spaciousness of the son's room is open to be furnished in various ways, such generous variability is diminished in the daughter's room by a built-in bathtub.⁶

The architectural expressions and technological innovations of *Maison de Verre* might be regarded as avant-garde and ahead of its time. But, as much as it is a reflection of the marriage between two progressive individuals and their children it is nevertheless a manifestation of early 20th century French upper-class culture translated into built form.

The domestic spaces of the family are intertwined with the spaces of the clinic and the servants quarter. There is an overall territorial division between spaces for work, free time and sleep, that in turn is subdivided, distributed and architecturally expressed in regard to who is doing the work (madame, doctor, nurse, maid), enjoying free time (wife, husband, son, daughter, maid) or sleeping (parent, child, maid). In addition, there are also a series of visitors attended to (patients, deliverymen, family friends), all in all creating a complex spatial matrix where various bodies coexist through a sophisticated mechanization of the building. Architecture becomes a mediator between various bodies, and some mediations are more easily detectable than others. Such as the parallel system of movements within the domestic spaces where closets are accessible from both inside the bedrooms and from the mezzanine corridor flanking them. Thereby providing for a smooth and invisible replenish of clean linen and clothes without maids entering the private sleeping spaces of family members. Slightly

⁶ This was stated by the guide as a matter of fact, pointing out that the absence of a bathtub made space for a study desk in the son's bedroom.

harder to detect – because that is precisely the objective of the architecture – are the connections between kitchen and preparation areas and dining room or boudoir where the coming and goings of serving bodies are kept out of sight and in the dark.

This play with visibility/invisibility is consistent throughout the building. Even imprinted into its name, *Maison de Verre*, referring to the translucent membrane distinguishing between exterior and interior spaces. Patients, deliverymen, family members and friends are all directed to and enter through the same door, where light and vision become territorial indicators in an otherwise 'irrational' spatial layout of the clinic.⁷ The clinic unfolds through a spiraling sequence of spaces; entrance, main corridor, reception, waiting room, doctor's consultant room, gynecological examination room and possibly surgery, then in a looping motion returning the patient back via the consultant room, reception, and into the main corridor facing the entrance and courtyard she entered from. There is a peculiar effect caused by this spiral of spaces. The deeper the patient goes into the building in terms of spatial syntax, the closer she comes to the segment of glass blocks fringing the entrance space of the courtyard.⁸

Each intersection between the clinic's spaces is conducted by a shift in direction, floor level, ceiling height, materiality, and light. In some instances, the transition between spaces is meticulously crafted. After being examined, the doctor follows the patient out through the consultant room and leads her into the reception. The door into the reception has an unusual handle. A steel rod is mounted bridging the full width of the door, with a steel pipe running freely on it. The doctor approaches the closed door walking in front of the patient. He stops on the right side of the door which opens inwards, places his hand on the steel pipe, pulls it towards himself thereby opening the door in one continuous movement without losing his posture. The patient can thus enter the office without any of them risking the embarrassment of bumping into each other in a misjudgment of moving bodies.⁹ The intricate design and elegant gesture of the opening door in order to avoid uncomfortable and unnecessary touching,

⁷ Emma Cheatle (2017) gives insights to the vulnerability of this experience when she animates the sequence of a female patient visiting the clinic imagining her transitions from city all the way into the surgery room and back again, pp. 99-101.

⁸ For Sarah Wigglesworth (1998) the spatial sequence leading to the surgical room is equivalent of an increased sequencing of the female body turning her into a medical specimen and "a subject whose body is manipulated by the control of the male 'technicians' Chareau and Dr Dalsace", p. 273.

⁹ This gesture by the door was explained to me by the guide during my visit in 1995. I have not been able to confirm this afterwards in any of the written accounts on the rituals of the clinic. However, in some way the architecture as such (the design of the door and its placement in a sequence of clinic spaces) could be considered as a material confirmation of its accountability. At the time it struck me as extraordinary French, and it stayed with me since then, as have other class and culture specific features of the building.

must be viewed in relation to the instruments of gynecological examination, the gynecological chair with stirrups, and the operating theatre facing the illuminating glass facade. In there the female body is foremost an object for medical examination, out by the reception she is rendered through the gendered norms of French courtesy. It isn't necessarily a shift in power relations, but it is a transition between two interrelated but nevertheless distinct female experiences.

The relocation between surgical room, examination room and reception is not only a spatial transportation. It is a shift in bodies that cross categories, and with that the norms mediating their interaction. This might be a subtle transition in the experience of the female patient, given the specific cultural context of *Maison de Verre*. But reading it from the perspective of the building it carries some learnings in terms of inclusivity and the multiplicity of architecture. Given that spatial memory is embodied, architecture inhabit us. These bodily memories affect our possibilities to associate with others, even moving in and out of different and to a various degree related bodies.

Maison de Verre clearly discriminates between bodies and privilege some over others, making them invisible – or visible in diminishing ways. It differs whether you are madam Dalsace, a female patient at the clinic, the maid employed by the household or the nurse working for doctor Dalsace. In this way the building is a testimony of what we already know from feminist theory, that 'women' or gender are not homogenous singular categories but relational and dependent on other social and cultural conceptualizations. Perhaps equally important is that architecture sometimes can imprison individuals into certain bodies where the only way to free oneself might be leaving the architecture that shapes that body behind. It is interesting that a building considered to be so 'modern' and ahead of its time has proven so difficult to inherit and inhabit by the children and grandchildren of Annie and Jean Dalsace.¹⁰ This is not in any way a denial of the many architectural qualities of *Maison de Verre*, or a dismissal of its intricate spatial matrix and exquisite craftsmanship. It is more a recognition that even in those instances where power relations are reversed or social norms contested, and therefore could be read as ambiguous qualities in the architecture 'open for spontaneous interpretation', this seems rather to be a reflection of the particular relationship of Annie and Jean Dalsace.¹¹ If there is one body that

¹⁰ See Adam Gopnik (1994), *The Ghost of The Glass House*, published in *The New Yorker*, May 9. In addition to the accounts of Aline Dalsace's husband Pierre Valley – also a gynecologist, and their daughter Dominique Valley whom instead live across the courtyard of *Maison de Verre*, in the apartments of the old hôtel particulier, Adam Gopnik and his wife gets to experience *Maison de Verre* themselves for a week. They feel out of place in the dwelling spaces associated with Annie and Jean, ending up wishing they instead could share space with the young French that are living in the servants quarter.

¹¹ Ibid.

is given the space to be re-articulated in regards to the social norms of the bourgeoisie, it is madame Dalsace's.

Some bodies tend to remain hidden and are therefore often neglected by architecture. When they are put to the foreground and made present, it affects the presence of all other bodies. When Rem Koolhaas was commissioned to design a private residence for the Lemoîne family in Floriac, just outside of Bordeaux the brief was a building that could liberate the husband of the family from the prison of his own body.¹² Paralyzed by a car accident in his late 40s, he was dependent on a wheelchair for his movements. "Contrary to what you would expect,' he told the architect, 'I do not want a simple house. I want a complex house, because the house will define my world'"¹³ The solution is a 3x3,5 meter platform moving by a hydraulic pillar underneath across the three stories of the building.

From the perspective of the husband the platform is liberating, giving access to the wine cellar of the basement, the living areas on the ground floor and the bedrooms, bath, and balcony at the upper floor. It is however a liberation that comes with a cost. In fact, the extension of his body – the very platform that regains his mobility – reinforces a 'masculine' hold of the household. When absent he is even more present leaving a hazardous void in floor. To some extent he controls architecture since it is only safe when he is around.¹⁴ Besides the spatial separation into different levels, there is a distinct division within the upper floor separating the parent's bedrooms from the children's. Theirs are only accessible through a narrow spiral stair leaving the children's most intimate spaces inaccessible to their father. *Maison à Bordeaux* might challenge the boundaries between what is considered an able or a disabled body, but the inclusiveness of architecture is a complex matter. The liberation of one repressed body does not automatically re-articulate other (repressed) bodies, not even the ones carried by the same individual.

¹² *Maison à Bordeaux* is also known as *Maison Lemoine* and was designed 1994-98 by architect Rem Koolhaas and OMA in collaboration with structural engineer Cecil Balmond, and designer Maarten van Severen and architect Raf de Preter for fitted furnishing and mobile platform. There is a documentary on the residence, *Koolhaas Houselife* (2013) made by Ila Bêka & Louise Lemoîne, tracing the life of the building primarily through the endless efforts of working bodies maintaining the architecture as perceived through the design process.

¹³ The quote is part of the project description at OMA's website: <https://www.oma.com/projects/maison-a-bordeaux>.

¹⁴ See also Kim Dovey & Scott Dickson (2002), *Architecture and Freedom? Programmatic Innovation in the Work of Koolhaas/OMA*, In *Journal of Architectural Education*. Vol. 56, No.1, pp. 4-13.

“Architecture is inherently discriminatory to some extent. Everyday mundane and spontaneous actions create spaces, which can be characterized by the inclusion or exclusion of specific bodily features. Consequently, architecture influences the shaping of bodies. Considering humans’ spatial memory of architecture, in which form can architectural forms follow the memory of their own, considering human bodies? How can typologies and identities of built spaces evolve and transform in relation to the bodies as spaces within them?”

- Jakub Węgrzynowicz, participant of *Metode* (2024), vol. 2 ‘Being, Bathing and Beyond’

“Am I being asked to consider architecture as something I can interpret as in the case of Herman Hertzberger’s comment about the table? Or am I to consider architecture as being, ideally, responsive to the needs of its occupants, while suggesting a way of moving/using throughout (perhaps with blurred edges: glass bricks), as in the case of *Maison de Verre*?”

- David Turner, participant of *Metode* (2024), vol. 2 ‘Being, Bathing and Beyond’

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