Anthropological design of possible future spaces

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Abstract

The aim of this article is to explore the role that anthropology can play in designing participatory workshops, as a space to imagine possible futures. The article would like to shift the focus from the idea of a past oriented anthropology grounded on ethnography that informs design, to a future oriented anthropology grounded on participatory practices that is informed by design.

The experimentation of anthropology in design will be explored through the project Spazi Neonati, a participatory workshop aiming to share experiences of a neonatal intensive care ward and create a space for co-ideation between mothers, nurses, doctors and architects.

In this case participation is not a space where transformation is complete, but where a first step of encounter is made, and the future can be visualized. In the space of the workshop, the most desirable futures are not only the expected output but also the modality for engagement (Pink 2018). The role of workshops as methods for anthropological research has been little investigated by anthropologists and therefore, we refer to Pink and Akama's work (2018), in which they design anthropological workshops aimed at exploring future-making possibilities.

Keywords: design anthropology, workshop, relational field, future design

Spazi Neonati – Revived spaces

People entered the room a few at a time, shy but also curious. Everyone noticed immediately the big colored posters on the walls, and the series of papers with a story hanging in a sort of chronological order, not knowing what they would be used for. Doctors, nurses, parents and architects found a place in the room. Some were excited to be there and start the workshop; others were suspicious, as anyone has the right to be when new things are proposed. But I was quite sure that everyone was speculating on the agenda for the next four hours which they had been called to take part in.

The day's objectives were multiple, but there was no moment of co-design, at least not in the strict sense of the term. In the following hours, participants, including architects, would build a living map of the ward. With the term 'living' I mean the great power of giving life to things such as narratives, memories, smells, sensations and symbols. A second, separate moment during the workshop aimed to bring all the participants together to brainstorm ideas as a basis for the architects' work. The workshop aimed at collectively brainstorming ideas for the architects' work.

Even if the term "participatory workshop" is somehow familiar, the required level of participation is often unclear, especially when it touches on fields that are unfamiliar to the majority of the participants.

In this case, the unfamiliar ground in which everyone was expected to participate, lingered between architecture and interior design. The people interested were physicians and nurses of the neonatal intensive care unit, in addition to some mothers,[1] who had spent several months of their daily life in the ward. Initially, participants had difficulties imagining the following activities, though everyone had their own wishes for the workshop. Imagine mothers willing to tell their stories and difficulties in spending a lot time in those corridors, in a suspended life and parenthood. They were no longer living in the ward (their children had been patients, some years ago), but as part of the association Piccoli Passi (parents of premature children), they were still strongly connected to each other and the current mothers who were going through the same experience. So being there was a form of giving back, to those who were currently at the ward, and to those who will be there in the future. The nurses and doctors, despite their exhaustion, were taking care not only of those tiny, fragile infants but also their families, and needed a good place to perform their work: a good place and efficient solutions. Imagine, also, the architects scared of intervening in something as complicated as a hospital ward, but at the same time wanting to be empathetic and to find a solution that would make everyone happy.

Everything was in the hands of two strange individuals, whose job title was another unfamiliar field: anthropology. Of course, I knew that the question would arise spontaneously: what were two anthropologists doing at an interior design participatory workshop? And the answer is less obvious than it sounds: they were taking care of the participatory aspect. To understand that, which is also the main topic of this article, I need to go back in time

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1   References are made to mothers, as there was a lack of participation from fathers in the workshop. It is important to clarify that fathers are important residents of wardlife, but since they are not participating in the work of the association Piccoli Passi (a small non-profit entity, founded by mothers), their participation is limited. Piccoli Passi was created by mothers who had experienced having children in intensive care and thus continued to be actively engaged after the hospitalization. The lack of fathers in the workshop represents a gap in the research.

and explain how the project Spazi Neonati (newborn spaces) started and the needs the project aimed to address.

The project *Spazi neonati- participated design for co-living in neonatology ward*, was thought of and modelled mainly by two actors with the sponsorship and support of others: Fondazione per l'Architettura and DEAR Onlus. Fondazione was born in 2002 from the Architects Order of Turin, with the aim of giving value to the social role of architects and of offering services to the subscribers. DEAR is a non-profit association engaged in the humanization of care environments, mainly active in the pediatric oncological ward and the pediatric hospital Regina Margherita in Turin. I am an active member and senior medical anthropologist at DEAR, but I am also working as a medical anthropologist in a Service Design company. The two actors with the support of Piccoli Passi Onlus, Medicina a Misura di Donna, NextAtlas and the ICU ward of the Sant'Anna Hospital, created the project in 2018: engaging 24 architects and students, organized in six groups lead by six professionals whose aim was to design and present six concepts of renovation of the existing ward inside the Sant'Anna Hospital of Turin. The ward was built in the '30s, when the number of premature children who survived and were brought to intensive care was very low, compared to contemporary statistics. The building is, therefore, inadequate for the contemporary problems and needs regarding premature intensive care. It is also a clinical space that does not reflect the different performances of care-giving that takes place within it. Indeed, the ward is well known for

its practices of humanization of care, with a particular focus on the broken or suspended relationship that parents have with their children.

Fondazione and DEAR imagined the project as a contest for the renovation of all the areas in the ward that could be considered "social spaces" (parents' relaxation room, breast pumping room, studio and corridors) keeping untouched the most sensitive spaces, such as the intensive care rooms with the incubators. Due to rapid technological developments and socio-cultural changes, hospital infrastructures are often outdated even before being fully constructed; therefore, Fondazione included in the project iCoolhunt, a pioneering and innovative company that developed the data platform Nextatlas, which uses algorithms and AI methodologies to detect new trends likely to become mainstream. Fondazione asked Nextatlas to find the future trends in every topic regarding the broader idea of co-living/co-habitation. The company detected seven trends, presenting them with an associated palette of colors, images and keywords.

  Fondazione and DEAR had two main challenges in which they needed support: firstly, to find a way to inform architects about the point of view of the people that live in the ward; and secondly, to present the trends detected by Nextatlas to the hospital, considering an environment that could hardly accept a tricky word like "trend" that is sometimes perceived as synonymous with fashion and, thus, superfluous. The first challenge had a direct implication on the participatory aspect of the project. Not being completely accustomed to methods of participatory design, the first idea that Fondazione and DEAR had was to facilitate a focus group. As an anthropologist and member of DEAR, I was asked to offer my advice regarding the challenges. I decided to involve Annie Lambla, an anthropologist and colleague that worked with me in the design field. We were both familiar with participa-

tory design methods and user research, but in our work, workshops were never the starting point of an inquiry, rather, they were always informed by ethnography. As we couldn't prepare fieldwork, we decided to design a workshop of co-construction of knowledge about the ward and afterwards collect the missing information by means of interviewing selected mothers.

Designing an anthropological workshop

As previously mentioned, the first request that Annie and I received from DEAR and Fondazione per l'Architettura was to organize a focus group. Neither of us were comfortable with the idea as we had never worked with focus groups and, both having an anthropological and design background, it was hard for us to develop a focus group instead of a workshop environment. We wanted to organize a workshop tapping into participatory design methodologies and anthropological perspectives. We wanted participants to be in the same room, challenging dominant visions about the space and especially dominant visions about possible futures.

We designed two activities: the first activity involved mapping the ward through an inspirational story and the narratives of participants, using images, colors, keywords, materials, etc.; the second activity integrated Nextatlas' trends in order to inspire the generation of ideas as a basis for the architects' concepts. We divided participants into three groups, each one facilitated by a different anthropologist (Annie, me and our colleague Ilaria Monteverdi). Each group was composed of mothers from the association Piccoli Passi, who had experience of their children being hospitalized at the ICU, physicians, nurses, and the architects.

For the first activity we invented the story of Ilaria and Marco, parents of a premature baby who was living at the ICU, and the parallel story of the doctors and nurses working on the ward. Their stories were told by going through each room of the hospital ward, explaining how Ilaria, Marco, doctors and nurses were experiencing each room. Pictures illustrating the invented story of Ilaria and Marco were hung on the walls, which aimed to depict the everyday life of the nurses/doctors and parents in the ward. We asked the participants to read the story and tell us if it was close to their experience (picture 1). While they were telling their stories, the rest of the participants could hang images, keywords and color palettes under the picture and story of the room, according to the emotions created by the narrative. At the end of the first activity we had a map of the ward, enriched by the personal experiences of mothers and healthcare providers, and the emotions their stories were bringing up in connection with the spaces (Picture 2, 3, 4).

Before starting the workshop, participants were looking at the context map on the wall, reading the stories and looking at the pictures. Architects were already thinking of their concepts even before listening to real people's experiences. I could perceive how they empathized with the fictional stories, wondering how people could feel well with those clinical green walls. But what they were actually doing was just staring at the pictures, which were representing empty rooms, looking at the structure and the objects without any connection to real life people and their experiences. They were looking at the potential future design without considering the importance of people's experiences in the past. When mothers, doctors and nurses started to share their stories, compared to the fictional stories, the architects' potential future design was disrupted, since it was initially based only on their assumptions, and they had to reconceive their concepts to reflect the memories of people.

Walking through the ward referring to imagination and memories

When we started, the participants who gathered in front of the wall to read the story immediately asked the mothers in the room if it was close to their experience. And the people – mothers, nurses, doctors – who live or have lived in the space, described it with so many details that it was possible to visualize it in their minds. For example, they described the big green door that indicated the entrance to the ward, and the dressing room that served as a sort of limbo representing the separation between two worlds: as a mother articulated the world of the living and the world of the suspended. Passing that room means entering into a world where, despite the routine of daily life, everything is uncertain, and the fear of death is present. This is why the dressing room is a ritual room, where every action is performed, not in an automatic way, but consciously, enriched with meaning, from changing clothes as a sign of adopting a new role to washing hands as a moment of purification. Mothers were remembering the days they had to cross that room, but also the memories of their husbands, who were the first people to enter the ward as mothers recover in another ward after labor. The father was the first person who had to see their child being brought through the hospital into another, artificial and noisy womb.

The journey through the ward continued, passing through each room without forgetting to tell stories about the connecting space, the corridor. This non-space was on the contrary very present in the narrative of the people, emerging as the symbol of the ward: dark, inhospitable, disorienting. Light and darkness symbolised the sense of living and dying on the ward. The absence of light in the intensive care unit has a therapeutic aim for the children, but it is also connected with the disorientation of that corridor

that turns around the rooms and whose symbolic aim is to bring everyone outside.

The very heart of the ward is the intensive care room, and it is actually positioned at the center of the ward. Every room is spiritually connected to it. Just like the heart, every feeling and every impulse was being directed there and being pumped by the room. For example, the "ear" of the nurses that was strategically located close to it: sounds coming from the machines and incubators are important indicators and alarms, and this is why the relaxing room of the nurses (the kitchen) is strategically positioned close to the intensive care room, in order to be able to listen to every single beep and to act in time. Parents were supposed to have their own breakroom, which was unfortunately located far away from the ICU room, as that room was too small to allow more than one parent at a time to sit close to the incubator. Parents did not want to spend time in the breakroom since they needed to stay close to their children, to be sure that everything was fine and to learn how to take care of them. The breakroom was also too small to host their other children, who were waiting for them at home.

Another important room was the breast pumping room, which was considered the female space of socialization. Few men would enter that room, to respect the privacy of the women. A mother remembered how she hated the Chagall painting hanging in front of the pump. She had the feeling that it was sending a message that she was unable to understand, a joy that she couldn't find. It was also the "welcoming" room. There is no welcome policy at the ward, for example, mothers arrive there without knowing where exactly their child is, and no one is there to tell them – in some cases some mothers have never seen their child. In this way, when entering the breast pumping room, new mothers meet the rest of the community, learn the roles, the codes, all the things that no one explained to them. In that room hope was finding its space. By asking questions to the others every new mother was able to understand if her child would survive. There was so much silence and loneliness in the ward, but most of the conversations were happening instead in the breast pumping room. Not all the conversations were had through words. Body language was the most important carrier of meaning. Mothers were able to understand, from the way a mother was sitting, or where she was looking, the kind of day she was having. Even mourning was experienced through the body, staying together but in silence.

Bad news was immediately connected to the library, the room where doctors were meeting and interns were studying. Every time that a doctor had to give bad news to the parents the conversation happened in the library. Mothers would start to shake whenever they were called into that room.

Few of these stories mentioned objects or furniture, but the stories about the rooms brought those rooms to life and communicated their essence.

The architects finished the workshop having a clear idea of the space, even though none of them at that time had actually walked through the ward.

Workshops as relational fields for knowledge construction

Participatory design is historically influenced by anthropology, and as a design research method it is the major ground where anthropology collaborates with design. Anthropologists who work in participatory design are engaged in the speculative question of "how could this look in the future?" and "have emerged themselves in participatory design processes taking on roles as mediators and facilitators of collaborations and co-creation activities, as part of an interdisciplinary collaborative pursuit" (Smith 2015, p. 74).

Even if participatory workshops are the natural environment in which participatory design takes place, there is still a gap in understanding the role of anthropologists in this environment. We have limited literature produced by social scientists that focuses on workshops as an inquiry method and means of knowledge production. Smith (2013), in her explanation about the Digital Native exhibition, does not focus specifically on the idea of workshops themselves, but her chapter gives at least a nuanced idea of how anthropologists are able to create the field in the design process and produce a new space for knowledge creation.

The major reflections about the engagement of anthropology in participatory design workshop as spaces for future making come from Sarah Pink (2018) who initiated the project Design + Ethnography + Future, a series of speculative workshops about uncertainty and future. Participatory workshops can be considered "as a form of praxis (theory + practice), and in design research contexts workshops are often used as a means to precipitate understandings of participants' perspectives as well as to co-create ideas and prototypes with them" (pg. 12). Plus, as participatory workshops invite participants to produce materials, they can also be considered as a space for producing design documentation.

Participatory workshops are of course not congruent with what anthropologists usually mean by the field, but they are an interesting space to explore the absence of a physical field and the presence of a relational field (Hine 2000). By saying this, I mean the possibility of conceiving of the field, without geographical and temporal boundaries, like "an epistemological rather than an ontological category: it is a state of mind" (*ibid*, p.8). The idea of a relational field comes from virtual anthropology, but workshops can be seen as a virtual field, even if they take place in the offline world. They can be conceived of as a field because they are a space in which people of the same community encounter each other. As a result of the absence

of a geographical setting in the field, imagination and memory take on an interesting role.

In the specific case of *Spazi Neonati*, the physical setting of the field was always present metaphysically but situated in a different place and time to that in which the workshop was taking place. This of course changes the role of the anthropologist: from observing and positioning people's imagination and memory in a setting, to observing the construction of imagination and memory itself. What happens in this case is that the attempt to minimize the distance between the context and design, usually made by design ethnography, is completely destroyed. But this opens space for Dourish and Anderson's critique toward using ethnography in design, for whom the value of research in design is not made by the ethnographic technique but by the anthropological perspective, that challenges design rather than informing it. This is what happened during the workshop when architects were desperately trying to understand how to use the information they were receiving by the other participants without having previously seen the ward, basing their idea of the space only on what people were describing.

Smith (2013) presents her role at the workshop (that was mentioned previously) as a filter and mediator between designer and participants. In our case we have not mediated and translated people's narratives and experiences of the environment to the architects but have instead facilitated conversations and collaborations, not positioning ourselves as a filter but as facilitators.

Our aim was also to stimulate sensory elicitation (Pink, 2015) but in a way that would allow for a dialectic exchange, informed by the participants´varying roles and objectives. The use of objects to elicit memories and therefore knowledge is not new for anthropology (Vokes 2007), but what we were trying to do was also to allow memories to elicit other materials to be added to the map. While people were talking, architects were adding pictures, colors, words and other sensory materials to the map which were stimulating the conversation. Pink (2015) has a very nice way of describing the effect of this practice, as a "serendipitous sensory learning of being there" (p. 98). This is possible even when participant observation is not there, and the field remains on a relational level where the relationship is among people and a virtual environment is rebuilt through memories and narratives.

Designing anthropological futures

The second activity included the Nextatlas trends in the cogeneration session. iCoolhunt, through the platform, found seven trends regarding the concept of co-living: co-living for transient Millennials, soft digital, convenient health, convenient mindfulness, transitional furniture, design therapy, and digital wellbeing. The main task was to find out how to conceptualize the hospital ward as a space where different people live together focusing on design and health trends. But the trends were not related to the ward itself, so the challenge was to find a way to incorporate the trends as inspiration for the generation of ideas. We decided to analyze the trends and prepare three moodboards that could inspire the answer to three questions: how can we nurture serenity, in groups or alone, through spaces and objects? How can we make families feel at home in the alien and temporary space of the ICU? How can we integrate the medical furniture to make it more reassuring, discreet and less disturbing? (Picture 5, 6)

These three questions were answered through an ideation activity called 6-5-3 in which the entire group works together, and everyone ideates starting from the idea of the person on the right (Picture 7). The aim of this exercise is not just to address the architects' work of conceptualizing the future space but also to show desired possibilities for what currently exists. This is what Halse and Boffi mean when they write that design interventions open "dialogues about the possibility" (2016, p. 101). In the first part of the workshop we used the storytelling to illustrate the present and in the second activity we used the idea generation to develop possible future scenarios.

´Design´ in design anthropology is known as the discipline of "how it could be", but in connection with anthropology it also allows the opportunity to extend daily life into the future. The way we framed the three challenging questions was aimed to inspire this sense of "how it could be". But

the kind of activity that we chose to use, the 6-5-3, is a speculative exercise that not only has the power to inspire but also to present potential realities that are challenged by other people's understanding. Having people at that workshop created an opportunity to undermine the architects' design process and their preconceptions about the environment in which they will intervene. The generation activity allowed people to speak for themselves but also to identify issues from a collective point of view. It was not a coincidence that the trends identified by Nextatlas focused on the co-living aspect of occupying spaces.

> When speculation is combined with participatory design and social science a new mode of exploration can emerge – a kind of cooperative inquiry through which matters of concerns are collectively articulated and made available for experience and analysis. (Kjærsgaard et al. 2016, p. 7).

The early forms of possible futures that came out of the workshop were related more to the atmosphere of the environment than to specific objects. People delegated the choice of furniture to the architects, but they fully engaged with thinking about the sensations and perceptions that could be created in the space. Designing the sounds and lights and opening the spaces allowed people to make their mark. Of course, the mothers present at the workshop did not have to experience the ward again, but they drew on their past and their memory to direct the designing process for the benefit of future users of the ward.

After the workshop the architects met again, without the other participants, and, inspired by the information and interactions of the workshop, developed several ideas for the space. Doctors, nurses and parents were not included in the entire design process but were presented with the final ideas. One mother told me she could clearly see the memories that were shared during the workshop reflected in the final design suggestions. The ideas they presented were almost futuristic, the ward was barely recognizable. This is probably because they had embodied the need for disruption that came out of the workshop.

Conclusion

Our goal for the workshop was to inform architects and to use participation as inspiration for future interventions. Furthermore, we aimed to explore other forms of inquiry inside that same space of intervention. By trying to answer the question "how could it be?", we tried to produce knowledge about the space, not just by engaging people but by making them encounter.

At the end of the workshop I met with some of the mothers who had participated, along with other women they had invited, with the aim of exploring their experiences. Before our encounter we analyzed the data that was collected from the workshop and created an experience map of the Intensive Care Unit ward to share with them as a basis for conversation. We went through the map together, retracing the path through the ward, commenting on the informal nature of the socialising that took place and the role of body language in communicating emotions and experiencing the space.
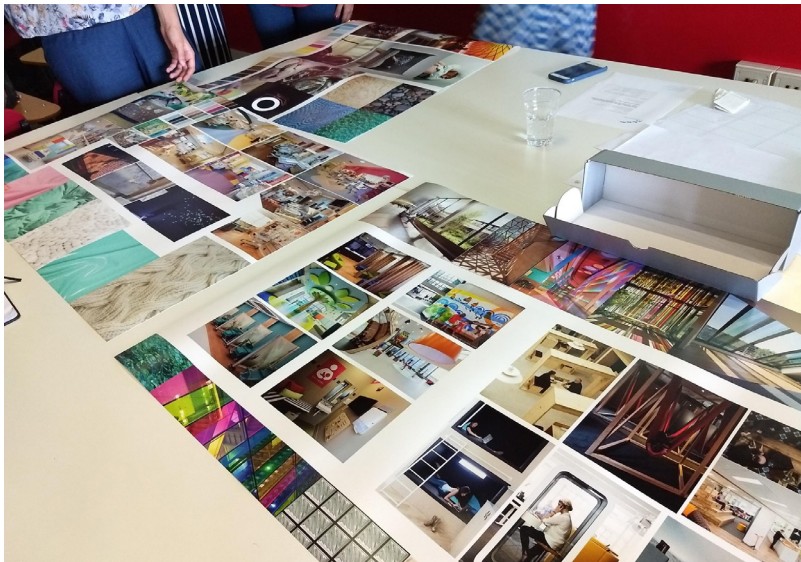
Once we had conducted interviews with the mothers, we moved on to the analysis phase, integrating both workshop data and interview data. We were asked to create guidelines to be used by architects for their design work and to present them during a plenary discussion. At the beginning we shared a document, outlining the main findings of the workshop, with a graphic designer whose work was to share our analysis in visual language, but when this document was shared with architects they complained about the difficulty of reading, interpreting and using the information we shared. We realized that our brief to the visual designer conflicted with the needs of the architects, who instead required a clear and deep understanding of people's experience of the ward. Hence, we asked the visual designer to translate our work using a symbolic language. As this way was unsuccessful, we decided to create a new deliverable where nothing was taken for granted, with no room for interpretation and clear suggestions for the architects. Our mistake at the time was based on the fact that for us, the aim of the workshop activities was more about bringing people together and facilitating a space for conversation, rather than presenting generative activities whose output had to be used as part of the design process. For example, we didn't expect to use the 6-5-3 activity as an actual design tool, because the level of idea generation in this activity is very abstract and needs further activities to be developed. For us the 6-5-3 activity was more about having people performing co-creation as the actual design process of architects was carried out separately. Conversely, the architects found real value in the activity and wanted to use its output as a basis for their work.

Because of this, in our new report we described each single room of the ward by showing their symbolic meaning. For example, the dressing room was described as a liminal space for rituality, the library as the room of bad news, the breast pumping room as the space for socialising and welcoming new people. We then shifted focus to behaviors of humanization, and the critical aspects of the space that do not support them: the ward is a space that is experienced by different people, and relationships are the best practices to humanize care; the claustrophobic space was rebuilt through body language to allow emotions to flow, and at the center of all energy and action – so rooms are organized according to it – there are the children. But best practice is hindered by the lack of space for relaxation and regeneration – for both HCPs and parents – for socialising and for promoting the restoration of family bonds. We summarized the answers given during the ideation activity: *How can we make families feel at home in the alien and temporary space of the ICU?* By giving an identity to each space and integrating this identity to the function of the space, diversifying and organizing the space to avoid confusion and alienation. *How can we integrate the medical furniture to make it more reassuring, discreet and less disturbing?* Creating order and giving importance to logistics by taking advantage of every surface, even the vertical

ones. *How can we nurture serenity, in a group or alone, through spaces and objects?* Designing spaces that allow nearness to children with comfortable chairs and reducing darkness. For each question we provide keywords that emerged from the workshop.

We explained that two important topics were not deeply covered during the workshop that needed to be taken into consideration in the design process: the role of fathers (who didn't participate in the workshop) and multicultural aspects (as mothers participating in the workshop were all Italian). Even if at the workshop there was a good level of participation from doctors and nurses, and we collected important insights from their perspective, we were not able to map their experiences of the ward. Before presenting the insights to architects, we sent the report to the mothers to have their final consent.

One month later, architects started to design their projects and they invited me to have a look at their work in progress and to give my feedback. Something that surprised me was that behind every project I was able to understand how they had integrated ideas from the workshops. Every single project was based on that moment of encounter.

Each group presented their final project in front of a commission composed of sponsors and the hospital´s representatives, who elected the best one to be further developed. The winning project (developed by Silvia Battistini, Gianni Cagnazzo, Anali Cantoral Ripas, Grazia Giulia Cocina, Monica Taverniti and Irene Vignati) was developed around the idea of duality using the symbol of darkness and lightness with the aim of creating relationships that avoid structural partitions, thinking of the space as a uterus where surfaces had to be thought of as connective tissue. The space contains contradictions that have to be solved and not cancelled.

Sponsors, the hospital, the Foundation and DEAR Onlus, worked for one year to find the funds in order to actually carry out the design. In 2020, the ward will be renewed, and the project will be carried out. Actual processes of structural transformation cannot be seen yet, but I have had several follow-ups with nurses and mothers who remembered/recalled the importance of having taken part in a participatory workshop. Despite this, I am not able to say whether or not this was a seed for a complete structural transformation inside the ward. What I can conclude is that the fact of participating in the process of future-making, had created a sense of engagement within the transformation process. As Pink (2018) points out, it is difficult to be in control of future making – the power and resources, for example, were not in the hands of workshop participants – but as an individual, it is possible to take an active part in the changes and transformations of the world, by progressing collectively and collaborating.

Participatory workshops are an interesting subject for further research on anthropological reflections and practices as a space of encounter and knowledge production. I leave the questions open, as a methodological invitation: how can we both think anthropologically and design participatory workshops? And what kind of future-making can we create using design anthropology?

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