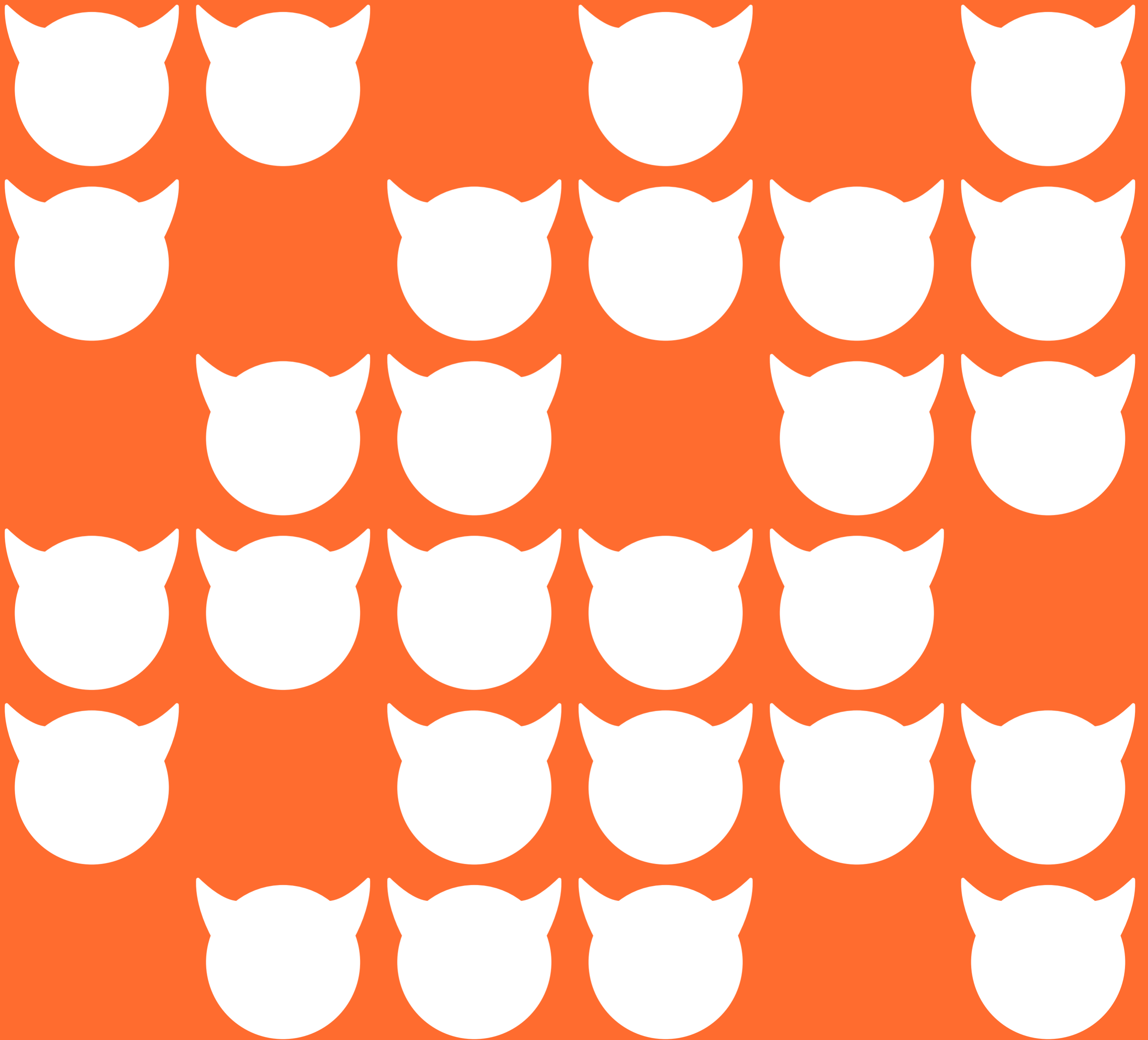


# Care.



Building Pleasures II

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## ■ BUILDING PLEASURES II

During the spring semester 2025, the Architecture and Care design studio will address public care infrastructures through the lens of ageing and pleasure. The studio aims to question ageist and normative constructs surrounding the body in order to imagine how space and architecture can support expanded daily caring practices outside the privacy of the house.

Care practices aimed at older and disabled bodies have largely been erased from the public realm and de-erotised, largely excluding them from social and affective life. The privacy of domestic space, understood from a traditional, western perspective, has been the site of caring for those in need. Either in the nuclear-family home or the normative care home, the spatial seclusion of ageing people has limited their independence and modes of life, including the possibility of a fulfilling life in its multiple expressions.

Looking at different aspects of ageing, from everyday dependencies to leisure, and being critical with how we understand the term, the objective will be to design living spaces, institutions, and infrastructures that promote equal access to networks of care from the perspective of pleasure, leisure, and sexuality. Care practices, from basic daily habits – such as cooking or cleaning – to physical wellbeing and social belonging, will underpin a design course that aims to look at ageing from a multifocal and holistic point of view, considering how multiple forms of interdependence and kinship can be triggered by new architectures.

The studio will focus on the design of new architectures for Zürich, envisioning spaces that support ageing beyond the limitations imposed by ageist, ableist, and generally normative conceptions of architecture and care practices. The studio will imagine spaces, institutions, and infrastructures that expand domesticity and care toward the public realm with the aim of providing a network that promotes and expands reciprocal, transversal, and pleasurable forms of social care.

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Life expectancy in Europe has grown steadily over the last century. Continuous improvements in health practices, better nutrition, and the emergence of new medicines and technologies, among other things, have contributed to a life expectancy on average 40 years longer.

The rigid division that often marks what is understood as a productive life versus a non-productive life, or a life in retirement, needs to be questioned. Rather than two oppositional states, divided by the legal retirement frameworks particular to each country, we could envision non-oppositional but permeable and complementary forms of transition, through which different forms of labour and interdependent caring practices become intergenerational.

Similarly, the stratification of leisure according to age and the restriction of certain forms of sociability to youth culture has often left the elderly aside. A healthy and active life across different age periods also requires a fulfilling social life. Care practices should not be limited to covering basic biological needs, but also encompass leisure, fostering social networks of support, which have shown to have a positive impact on elderly populations.

In a similar manner to ageing being seen as a process of loss, sexuality is assumed to decline with age. Hormonal and biological changes happening in later stages of life are culturally read as the decline of a sexual life; for instance, for people who experience menopause, their life is clearly divided into before and after, a phase when they are sexual, and a post-sexual age. Though menopause is also a somatic condition (which has been historically under-researched), its social significance and the discrimination and infantilisation of the non-fertile, ageing body that come with it are foremost a cultural construct.

The prejudice that older bodies are not sensual can be seen clearly in the way domestic and care spaces are designed: there is a clear lack of architectures addressing pleasure, leisure, and sexuality at an older age, offering spaces for intimacy, sharing, socialising, self-care, etc. for the elderly, within and outside existing care facilities. What are the (spatial) possibilities for a fulfilling sexual life in an institution with little to no fully private space? How can we envision infrastructures that, rather than reproducing the bias of the non-sexual older body, actively invite exploration, ownership, empowerment, and pleasure around care, sexuality, and sociability in later stages of life?

In Switzerland, almost 20% of society is older than 65 years old, the official retirement age. This percentage is expected to rise continuously for several more decades. Though life expectancy is continuously increasing, the prevalence of disabilities and chronic illness is much higher in older age. Architecture is one of the reasons why living an independent and fulfilling life and sexuality up to an advanced age might be difficult: an urbanisation that leads to the atomisation and individualisation of living spaces, the dispersion of support networks, the scarcity of nearby public care facilities, and the lack of adequate spaces for shared forms of care beyond the domestic sphere, the nuclear family, and heteronormative institutions, make for a challenging condition.

Provisions for the elderly in Switzerland are generous in comparison to many other countries, but the way such provisions are structured might prove inefficient and problematic given the growing elderly population and their wish to remain active members of society and live fulfilling lives. Unsurprisingly, an increasing number of ageing people do not want to be constrained by prevalent social and spatial prejudices, and architecture can help them with these issues.

The limits of the domestic are blurring, the home is no longer necessarily the only space for care; instead, it is a transient, productive, networked, and potentially collective space. On the other hand, public spaces are no longer exclusively representational, they are capable of accommodating communal and previously domestic functions. In other words, they can become support architectures for transversal care across different bodies, using new technologies and developing multidisciplinary strategies.

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The course aims to develop a comprehensive understanding of the relationship between design, ageing, care, and pleasure in Switzerland. We will understand dependency as a positive kin, and propose programmes and spaces that support multiple forms of interdependence, affection, and sensuality, thus avoiding the prevalence of the “caring for” and start “caring with” as a rewarding formulation of social co-existence, one in which intergenerational kinship substitutes ageist forms of segregation.

We will look at the body – its spaces, contexts, and rituals – as a starting point for an all-encompassing architectural and aesthetic project. The students will be asked to design to overcome previous forms of spatial oppression and marginalisation and explore the paths of otherness, wildness, diversity, and complexity. The objective is to imagine and propose new ways of living and caring in spaces and architectures that provide inclusive, supportive, and, no less importantly, exciting spaces for the elderly and everybody.

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