

Correspondence

URBAGING IN HISTORICAL PERSPECTIVE

UrbAging¹ is an important initiative: disciplines involved in urban environments pay serious attention to the situation of older persons. So far, architects² have focused mainly on home space, where UrbAging stresses the importance of public space, which is the theme of urbanism. The origins of urbanism (urban analysis, planning and design) are found in the emergence of the 19th century industrial city and its problems.

Physicians demonstrated links between poor housing and imperfect spatial conditions on the one side and health on the other side. Based on this insight laws and rules for construction were issued. Studies of the London physician, Dr John Snow, were pioneering. At the time of the cholera epidemic in 1854 he classified the population of London in income categories, marked these on the map and demonstrated the link between areas where the underprivileged classes lived and the occurrence of diseases and poor health³. Snow's work indicates how medical geography developed in close relationship with urbanism and housing. UrbAging aims at a multi-disciplinary approach. Although geography will be one of the leading disciplines this is not just traditional medical geography. Medical geography has broadened to 'geography of health', wherein particular attention is paid to urban dimensions⁴.

Even broader is the geography of care and welfare⁵. Care can be regarded as a pragmatic concept, but also has an ontological and existential dimension, in particular elaborated by the famous philosopher Martin Heidegger. He considers care a fundamental ethical dimension of human life⁶⁻⁸. Urban design and planning have always stressed both aesthetic and ethic dimensions equally.

Nowadays, care is also part of a culture of consumption and even refers to a narcissistic body culture in the pursuit of 'wellness'. Architects and urban designers create landscapes of wellness, therapeutic landscapes for de-stressing and healing, combined with leisure and pleasure. Lifestyle-oriented thematic environments are being designed, also for older persons, for instance golf resorts that stress the playful dimension of care.

This dimension is also stressed by the geography of generosity: the city as a generous city in which people deal with each other by a generous approach, including care. Generosity does not have the unpleasant flavour of morality, it is playful and spontaneous⁹.

Diversity

We claim that a geography focusing on the life of older persons is or should be a geog-

raphy of generosity, but also a 'geography of difference'¹⁰. Urban geography and urban planning perceive people as a differentiation of social groups with specific cultural backgrounds. Human individuality is reference. In post-modern science this is expressed by the assumption of the 'otherness' of people. From this assumption the discipline of urban anthropology has derived its methodology to seriously study everyday life and the spatial practices of people in public space. Such research starts in a quantitative way, but then takes a qualitative turn: observations, including participatory observations, interviews and performance studies¹¹.

The older person, as manifested through everyday spatial practices, is a typical category, part of a geography of difference and subject of performance research¹². We believe this research is an essential ingredient for UrbAging.

Community formation

The development of the couple, urbanism and medical geography, in 20th century strongly focused on health and sanitation, adequate housing ('healthy homes'), but also on territorial structures and spatial relationships, notably the organization of neighborhoods and districts. The design of a spatially and socially well structured city was guided by the assumption that this could lead to community formation and development of social capital. It was assumed to be the task of seniors to watch over and take care of young children and to educate youth. It was for this reason that areas of mixed composition in terms of ages were designed. For example, senior homes located alongside family houses and high rise apartments, with playing fields in between.

However, such community formation has not been very successful and the educational role and authority of older generations are no longer evident, although (grand) parents are appreciated as babysitters.

Private and public space

Related to the neighborhood-concept was the quantification of spatial functions on the basis of distribution planning research, for instance to find the proper position of medical facilities. Because of changes in the approach of care organization, including the increasing importance of home care, this model no longer holds. Here we are facing a crucial turning point. Since responsibilities have been privatized and individualized, they have been taken out of the public realm and public space and relocated to the sphere of the free market^{13,14}. In addition to a focus on housing, the initiative of UrbAging calls for attention to public

space. Architecture tends to ignore this topic, because its natural subject is home or private space. In addition to this, Milligan requests architects to pay attention to the private home space as part of general, public care institutions¹⁵.

However, the distinction between private and public space is not precise enough. There are a number of intermediate types of spaces: publicly accessible un-built areas, part of societal institutions of civil society, including care institutions, hospitals, etc. The character of this institutional space as public space can be of great interest to the integration of generations. As an example, the nursing centre in Eindhoven, the Netherlands, called Brunswijck¹⁶, has a central area where shops and other facilities are located. The shape and location of this area is based on a former, unofficial walking path, connecting a neighborhood with the adjacent shopping center. The route is transformed into a public street in order to attract non-residents to the complex and to invite them to use facilities. This transformation also turns the complex into a part of the urban network.

'Access' is a significant issue, as indicated by UrbAging. But the issue should not be limited to physical accessibility as such. From the angle of a 'geography of difference', accessibility has to focus in particular in the preventing of public or institutional space to become parochial areas for a uniform, like-minded population group. Enabling people and groups representing different life stages to meet is part of the ambition to prevent public space becoming parochial space.

Finally, a further crucial development should not be overlooked. To a large extent, virtual network space has become public space as well. ICT applications have created a hybrid (material and immaterial) public space and have caused significant transformations of the spatial structures people live in¹⁷. This hybrid character of public space is a major reality for the elderly. Networked space should be studied in close relation to physical public space.

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