PERSPECTIVE
MARGINALIZED BY DESIGN

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Each day we spend our working hours in the newly remodeled Hayes Hall, the University at Buffalo's School of Architecture and Planning signature building. We enjoy the beautiful light streaming through the tall windows and often sit in the alcoves made possible by the thick walls of the historic landmark. On the hour, we hear bells from the clock tower; they beckon us back to a different time when the university was still young. Installed in 1928, each of the four bells bears an inscription related to learning. One of the quotes reads: "In this light, may science and religion labor here together for the steady evolution of mankind from darkness to light; from prejudice to tolerance; from narrowness to broadmindedness."[1] Despite being in the language of its time, this inscription is still relevant today. However, it also calls us to reflect to an even earlier history of the building when these bricks and mortar told another story.

Built between 1874 and 1879, the structure was designed to be the Department of the Insane for the Erie County Almshouse. Those who lived there were among the marginalized of the late 19th century—the poor, older adults, children, immigrants, those with disabilities, and those with mental illness.[2] These impoverished groups were the outcasts of U.S. society. In the name of moral decency, they were sequestered away in county-sponsored poorhouses.

The Erie County Almshouse reflected the principles of Quaker moral treatment[3] prevalent in the 19th century, with requisite sunlight and proper ventilation benefitting both psychological and bodily care.[4] Influenced by the Kirkbride plan,[5] the central administration building featured symmetrical, linear wings (see Figure 1). The interior of the almshouse included wide corridors, high ceilings, and large windows placed across from each other to enhance the amount of natural light and fresh air. Patients were separated by gender with males in the north wing and females in the south. Although the sleeping rooms had large, operable windows, most residents spent their waking time in day rooms in accordance with moral treatment practices (see Figure 2).

Like many other U.S. almshouses, the Erie County facility evolved to include outbuildings as well as barns, stables, farmland, walking paths, gazebos, open green space, and even a water feature.[6] The spatial layout encouraged the tenets of moral treatment: fresh air, natural settings, healthy food, exercise, daily routines, work, social engagement, and avoidance of the vice-ridden city.[7] As part of their physical exercise or therapy regimen, residents who were able worked the farm and performed other domestic chores to earn their keep. This labor helped to keep the almshouse self-sufficient.[8]

The almshouse was one of the first forms of the social safety net.[9] Unlike the intended punishment of debtors' prisons and workhouses, almshouses supported people through hard times, and helped residents develop improved habits in a healthy and orderly atmosphere. Many people stayed during times of unemployment and sickness but ultimately were able to move on. Others, particularly those who had no one to care for them, resided there for the long term. Despite the best of intentions, conditions in many almshouses were undesirable because of overcrowding, mistreatment, and meager provisions. Nonetheless, they were the only option for many marginalized individuals.

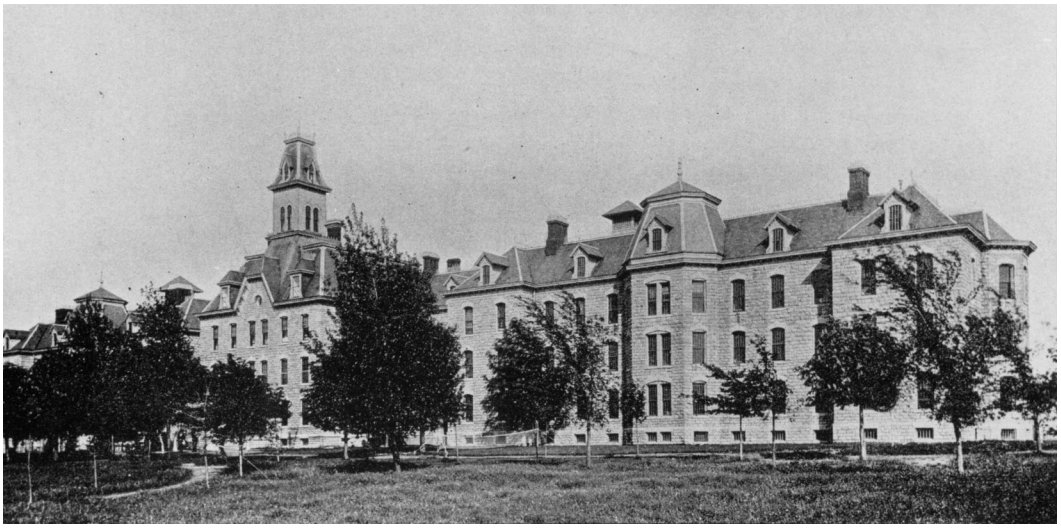

Figure 1 Erie County Almshouse, 1896.

Figure 2 Hallway 7 of the Erie County Almshouse

MARGINALIZATION

The adjective *marginal* has roots in the Latin *margo*, meaning 'edge, brink, border.'[10] Its connection to someone or something "of little effect or importance" was first recorded in 1887. The association of the verb *marginalize* with "to force into a position of powerlessness" was established by 1929.[11] Subsequently, proponents of the social revolution of the 1970s coined the term *marginalized* to describe "the experiences of those who live on the fringe of mainstream America." They argued that systematic exclusion from participation in society prevents those who are marginalized from improving their life circumstances.[12]

WHO IS STILL MARGINALIZED?

Of the groups living in the Erie County Almshouse over a century ago, who is still marginalized today? Have any of these groups moved beyond marginalization? How have designers affected

their living conditions? What are the responsibilities of interior designers to improve the lives of those who are still marginalized?

OLDER ADULTS

For the most part, low-income older adults fare better today than they did in 1875. By the 1940s, gerontology emerged as a distinct field and along with it came living environments specifically designed for older people. Particularly after WWII, governments in higher-income countries began to provide elderly housing and health care for low-income seniors. Today, the rapidly increasing aging population has prompted several advances including assisted living, in-home care, memory care, and continuing care retirement communities. While social and economic marginalization among older adults still exists, advances in living environments focused on aging have given many seniors higher quality and healthier lives.

CHILDREN

Although government policies and international standards on children's rights protect children far more today than in 1875, they still are marginalized by design. Generally, environments are not designed with child empowerment in mind. For example, most three-year-olds are quite capable of washing their hands by themselves. However, typical sink heights prevent them from doing so. This illustration might seem mundane; however, it reveals core issues that contribute to the underrepresentation of children in the built world. The cost of designing for situations that children will "grow out of" is a primary factor, but social norms about children contribute as well. Adults are bigger, wealthier, and more powerful; they make most of the decisions affecting children. Nonetheless, the 1989 United Nations Convention on the Rights of the Child declared that children are neither the possessions of parents nor of the state, nor are they mere people-in-the-making; instead children have equal status as members of the human family with rights and responsibilities appropriate to their age and stage of development.[13] Without some voice in policy and design processes, children are particularly vulnerable to poor living conditions. Contaminated drinking water, environmental pollution, and unhealthy housing affect their still-growing bodies more so than adults; understanding their point of view is a critical component to designing more children-friendly environments.

IMMIGRANTS

The Brookings Institution reports that the 232 million immigrants and migrants worldwide make up 3.2% of the global population. One-fifth lives in the U.S.[14]

As in 1875, language barriers prevent immigrants and migrants from making the connections necessary for participation in their new communities. Language barriers also hinder employment opportunities, and hamper abilities to do tasks such as buying groceries, communicating with healthcare staff, and completing paperwork. In addition, finding appropriate housing is still challenging for immigrants. In general, they have low-paying jobs, which make housing costs prohibitive, and many do not qualify for public housing assistance. When they do, the waiting lists typically are over a year.

Despite the connectedness of our world today, immigrants have difficulties similar to those who lived in the Erie County Almshouse in terms of balancing their cultural traditions with those of a new environment. For example, in their home country, immigrants might have lived closer to the floor sitting on cushions instead of chairs and sofas. Their sleeping area and eating area might have been the same rather than being separated into different rooms. While not life-threatening, these cultural differences might contribute to feelings of discomfort, unfamiliarity, and strangeness in their new communities.

PEOPLE WITH DISABILITIES

Generally, those with physical and cognitive disabilities are less marginalized today than they were 120 years ago when institutionalization was the norm in higher-income countries. People

with disabilities often were viewed as unhealthy and defective; hence, their isolation was considered necessary for the health of the community.[15] These individuals were separated from their families and mainstream society, and grouped in with the 'deserving poor.'

Attitudes began to change when soldiers with injuries returned from WWI and WWII. Veterans were heroes who deserved respect. As a result, environmental access started to become part of societal consciousness. Subsequent disability rights movements shifted attitudes even more by fostering more self-advocacy, independence, and involvement in decision-making processes.

Perhaps the biggest change to affect living conditions for people with disabilities in the U.S. was the Americans with Disabilities Act (ADA), which was signed into law on July 26, 1990. The ADA prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to participate in the life of their communities.[16,17]

Accessibility laws and policies have transformed public environments; curb cuts, wheelchair ramps to building entrances, and accessible restrooms are just a few of the changes that have given more independence to those with disabilities. Housing continues to lag far behind public environments. Affordable, accessible, and appropriate housing for people with disabilities is an essential component of livable communities. However, the gap between demand and supply continues to increase as the percentage of the population with disabilities expands.[18] Visitability, an approach incorporating features that allow someone with a physical disability to visit a home, is gaining momentum toward closing that gap. Requiring at least one accessible entrance and bathroom makes it easier for people with physical disabilities to participate in neighborhood activities.[19] At times these changes can be the difference between someone staying in their home and moving to an assisted living facility. While fully accessible living environments for those with mobility challenges require special features such as wheel-in showers, lowered sinks, and wide doorways, visitability practices pave the way for even more inclusive approaches to housing design.

Lagging behind the improved living conditions for individuals with physical and sensory disabilities are housing changes for people with intellectual and/or developmental disabilities (I/DD). Despite inclusion under ADA laws, the lack of specific design requirements focusing on cognition makes it difficult to identify progress. Furthermore, insufficient research on environmental changes to improve daily living for individuals with I/DD inhibits the development of legal requirements.

Many people with I/DD are placed in group homes where control over daily routines and housemates are limited. However, moving into more independent settings is challenging because people with I/DD typically are among the extreme poor,[20] and cannot afford rent in places with well-established neighborhoods. As a result, they often have resorted to unnecessary institutionalization or even homelessness, which is not an improvement to life in the Erie County Almshouse.

MENTAL ILLNESS

In the late 19th century, individuals with mental illness often were housed in institutions that either were focused entirely on psychological disorders or, as in the case of the Erie County Almshouse, provided shelter and care for a number of marginalized groups. The institutionalization of patients with mental illness continued until the mid-20th century, when four shifts occurred: (1) the development of psychiatric drugs, (2) changing attitudes about psychological illnesses, (3) overcrowding in institutions, and (4) redirection of federal funding away from institutions and toward community-based centers.[21] The resulting deinstitutionalization policies moved patients out of psychiatric hospitals and toward other less isolating options such as group homes and out-patient clinics. In theory, deinstitutionalization, which was widely popular among Western high-income countries in the 1960s and 70s, protected the liberties of individuals with mental illnesses. Although well-intentioned, the realities of state hospital closings were more often poorly planned and under-resourced. While some patients' living conditions

improved, others were worse off than before. Many of the severely ill were not able to make informed decisions about their own need for medication and did not receive treatment.[22] As a result, they often ended up on the streets or in the criminal justice system. Although decades have passed since deinstitutionalization, according to an Urban Institute report, more than half of the inmates in jails and prisons have a mental illness, and approximately one quarter have severe psychological disorders. While 55% of male and 75% of female inmates suffer from mental illness, less than one third receive mental health treatment.[23] Today, "there are more people with mental illness in jails and prisons than there are in state hospitals."[24] While conditions in the Erie County Almshouse were less than ideal, the current criminalization of mental illness seems worse. Jails and prisons now serve as psychiatric hospitals for thousands of patients in the U.S.

THE SOCIAL RESPONSIBILITY OF INTERIOR DESIGNERS

Comparing the living conditions of those at the Erie County Almshouse with those same groups today reveals disconcerting evidence about marginalization. Global living conditions are considerably better than they were in 1875. There is less poverty, improved health care, more freedom, and education rates are higher than at any time in history.[25] Despite our improved circumstances, however, most of the groups marginalized in 1875 continue to be marginalized today. With all of our advances, why are the poor still struggling to acquire adequate housing and healthcare? Why are children still disempowered by their environments? Why do language barriers prevent immigrants from participating in their communities? Why is housing inaccessible for those with physical and cognitive disabilities? Why are so many people with mental illness living in prisons? Perhaps, most importantly, what can we as designers and design educators do about it?

INCLUSIVE PRACTICES

We can do a lot. Suspending the belief that these social injustices are too ingrained into our cultures to change is the first step toward progress. Second, we need to acknowledge that design can be a change agent. This might sound grandiose if we think about design as the big problem solver, the savior of society. However, if we think about what design can do in smaller, incremental steps, our cynicism might be dampened. Take, for example, the case of indoor plumbing. This innovation did not become commonplace in the home until the late 19th century, when proper venting, waterworks, and sewers brought plumbing indoors to stay. Indoor plumbing required the involvement of many experts who developed countless iterations spanning scales from the room, building, and neighborhood, to the city.[26] Each advancement might not have seemed particularly significant, but collectively they improved the health of entire societies through sanitary plumbing systems. There are many other ways that interior changes to the home in recent years have improved life quality; open floor plans, no-step showers, passive solar implementation, and situated technologies are just a few of the many examples. Incorporating social change as a fundamental component of interior design positions the discipline to take an inclusive approach in all of its endeavors.

Toward that end, we need to look at ourselves as interior designers and educators. All of us include and exclude in our design practices, and we need to observe how that happens. Taking an assessment of how exclusions are part of our work requires us to uncover social processes, including discrimination and structural inequalities. At the same time, examining the ways that our practices incorporate inclusion allows us to expand design that "enables and empowers diverse populations".[27]

The following basic ideas provide the underlying framework for inclusive practice:

- People and their needs come first.
- Power relationships are equal.
- Human diversity and life experience are valued.
- Recipients of design participate on the team.
- Cultural contexts and situational factors determine the approach.

- Evidence-based decision making and evaluation ground the process.
- Considering unintended consequences expands the scope of inquiry.

Inclusive practice requires thoughtful changes that often involve extended and more complex processes. However, it also is more thoughtful, thorough, and responsive to a diverse range of needs, thereby reducing the risk of problems later. Most important, it uses the design process to bring about social change.

INTERIOR DESIGNERS AS INCLUSIVE DESIGN LEADERS

As interior designers, we are positioned to be the *leaders* of inclusive design for a number of reasons. First, interior design is the only profession that has universal design (UD) content in its accreditation criteria. Second, according to a 2019 survey sponsored by the National Endowment for the Arts, interior design educators have an excellent understanding of UD. As part of the survey, faculty teaching in accredited interior design programs compared older and newer definitions of UD. More than 80% of interior design faculty considered the newer definitions, which embrace concepts of inclusion, to describe UD extremely, very, or moderately well.[28] Third, the same survey revealed that interior designers regularly incorporate inclusive design content into their curricula, and 95% of survey respondents reported that it is well addressed in their programs. Many studio projects mentioned in the open-ended responses served vulnerable populations, including a homeless youth shelter, an informal settlement healthcare station, and a school with break spaces for children with autism. Many respondents discussed co-designing with users as part of the design process. One respondent summarized by writing, "The practice of design is taught as a social responsibility".[29]

As leaders of inclusion, interior designers have responsibilities, challenges, and opportunities. Publicly critiquing conventional design practices—specifically, the ways that they can commodify and exploit—is an essential first task. Encouraging the consideration of economic, political, sociocultural factors in the design process is another. While our overarching goal is to bring about equity and empowerment through design, there are complexities to consider. For instance, participatory projects often are short-term engagements and can be perceived as "swoop in, save-the-day, and leave" endeavors by the recipients of design, often generating mistrust within communities who need longer-term commitments. Cultivating meaningful collaborations requires inclusive design leaders to promote different ways of working based on continuing follow-ups with groups. There also is the danger of exploiting marginalized populations. As inclusive design leaders, we need to provide guidelines beyond those established by academic institutions that protect people, particularly in the area of media communications. In this age of trending design-for-good, showcasing inclusive work is inevitable and often very positive. However, to prevent exploitation, equitable and open relationships between designers and participants are critical. Another responsibility involves stressing the importance of inclusive design research. Just as the infusion of diversity into clinical trials is changing healthcare, so too can inclusive design research change the design of our built environments to work for more people. The evidence base for inclusive design is in the early stages; meaningful impact requires a comprehensive body of knowledge.

Finally, perhaps our biggest challenge is to use inclusive design processes to promote social justice and freedom, particularly for people who are subject to oppressive hierarchies. This vital task requires a network of committed design activists willing to sacrifice some of their traditional practice for alternative work. To meet that challenge, we need to embrace the margins, the edges, the borders where, ironically, the most potential for positive change can take place.

ENDNOTES

[1]"Edmund B. Hayes Hall," University at Buffalo, accessed October 24, 2019, https://library.buffalo.edu/archives/campuses/detail.html?ID=25.

[2]Kevin C. Knowles, "On Oral Health, Inequality, and the Erie County Poorhouse: An Analysis of Oral Health Disparities in a 19th-century Skeletal Population Using New Methodologies" (Ph.D. diss., University at Buffalo, 2016), 27–32.

[3]Anne Digby, *Madness*, *Morality*, *and Medicine: A Study of the York* Retreat, 1796–1914 (Cambridge, England: Cambridge University Press, 1985) 249.

[4]Carla Yanni, "The Linear Plan for Insane Asylums in the United States before 1866," *The Journal of the Society of Architectural Historians* 62, no. 1 (March 2003): 28.

[5]Ibid, 29.

[6]*Hayes Hall Historic District Architectural Plans and Drawings*, *1856–1989*., 1857.

[7]Yanni, 27.

[8]Ibid.

[9]Melinda Miller, "On UB Campus, Stories from Old Almshouse Are Pieced Together from the Bones Left Behind," *The Buffalo News*, September 7, 2014, https://buffalonews.com/2014/09/07/on-ub-campus-stories-from-old-almshouse-are-pieced-together-from-the-bones-left-behind/.

[10]*Online Etymology Dictionary*, s.v. "marginal," accessed September 24, 2019, https://www.etymonline.com/search?q=Marginal.

[11]Ibid.

[12]Willie Garrett, "Marginalized Populations," *Minnesota Psychological Association*, April 1, 2017, https://www.mnpsych.org/index.php?option=com_dailyplanetblog&view=entry&category=division%20news&id=71:marginalized-populations.

[13]"Convention on the Rights of a Child," *United Nations Human Rights: Office of the High Commission*, September 2, 1990, https://www.ohchr.org/en/professionalinterest/pages/crc.aspx.

[14]Fred Dews and Elina Saxena, "See the Immigrant Demographics Presentation that Audrey Singer Gave to the White House," *Brookings*, July 23, 2014, https://www.brookings.edu/blog/brookings-now/2014/07/23/see-the-immigrant-demographics-presentation-that-audrey-singer-gave-to-the-white-house/.

[15]"Treatment of Disabled People Throughout History," *Changes in the Views of Disability*, accessed November 17, 2019, https://sites.google.com/site/changesintheviewsofdisability/treatment-of-disabled-people-throughout-history.

[16]"Information and Technical Assistance on the American's with Disabilities Act: Introduction to the ADA," *ADA.Gov: United States Department of Justice: Civil Rights Division*, accessed November 17, 2019, https://www.ada.gov/ada_intro.htm.

[17]Joseph Shapiro, "The Americans with Disabilities Act at 25: How a Law to Protect Disabled Americans Became Imitated Around the World," NPR, July 24, 2015, https://www.npr.org/sections/goatsandsoda/2015/07/24/425607389/how-a-law-to-protect-disabled-americans-became-imitated-around-the-world.

[18]John R. Vaughn, "The State of Housing in America in the 21st Century: A Disability Perspective," National Council on Disability, January 19, 2010, https://ncd.gov/publications/2010/Jan192010.

[19]Jordana Maisel and Molly Ranahan, "Visitability," *Whole Building Design Guide*, *National Institute of Building Sciences*, updated October 30, 2017, https://www.wbdg.org/resources/visitability.

[20]"Housing," *American Association on Intellectual and Developmental Disabilities*, accessed on November 24, 2019, https://www.aaidd.org/news-policy/policy/position-statements/housing.

[21]Kimberly Amadeo, "Deinstitutionalization: Its Causes, Effects, Pros, and Cons," *The Balance*, updated June 25, 2019, https://www.thebalance.com/deinstitutionalization-3306067.

[22]E. Fuller Torrey, Aaron D. Kennard, Don Eslinger, Richard Lamb, James Pavle, "More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States," Mental Illness Policy Org., May 2010, https://mentalillnesspolicy.org/ngri/jails-vs-hospitals.html.

[23]KiDeuk Kim, Miriam Becker-Cohen, Maria Serakos, "The Processing and Treatment of Mentally Ill Persons in the Criminal Justice System: A Scan of Practice and Background Analysis," Urban Institute, April 7, 2015, https://www.urban.org/research/publication/processing-and-treatment-mentally-ill-persons-criminal-justice-system/view/full_report.

[24]Torrey et al.

[25]Max Roser, "The Short History of Global Living Conditions and Why It Matters that We Know It," *Our World in Data*, updated September 2019, https://ourworldindata.org/a-history-of-global-living-conditions-in-5-charts.

[26]"Plumbing in America," *The Plumber*, July 1, 1987, https://theplumber.com/plumbing-in-america/.

[27]Edward Steinfeld and Jordana Maisel, *Universal Design: Creating Inclusive Environments* (Hoboken, New Jersey: Wiley, 2012), 29.

[28]Eric Dolph, Beth Tauke, and Sue Weidemann, "Effectively Teaching Universal Design: Survey Results," Paper presented at the Interior Designers Educators' Council Annual Conference, Charlotte, NC, March 2019.

[29]Ibid.

BIOGRAPHIES

Beth Tauke is an associate professor of architecture in the School of Architecture and Planning at the University at Buffalo (UB)–State University of New York and project director in the Center for Inclusive Design and Environmental Access (IDeA) at UB. Her research focuses on design education and inclusive design, especially the empowerment of underrepresented groups through design. Professor Tauke served as the co-principal investigator for three National Endowment for the Arts Universal Design Leadership grants. She is co-author of Inclusive Design*:* Implementation and Evaluation *(Routledge, 2018), and co-editor of* Diversity and Design*:* Understanding Hidden Consequences *(Routledge, 2016) and* Universal Design*,* New York *(NYC Mayor's Office, 2001).*

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