



Peer Reviewed

Title:

Chapters in Compassion [Awards Juror Commentaries]

Journal Issue:

[Places, 18\(3\)](#)

Author:

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Publication Date:

2006

Publication Info:

Places

Permalink:

<http://escholarship.org/uc/item/91c710m7>

Acknowledgements:

This article was originally produced in Places Journal. To subscribe, visit www.places-journal.org. For reprint information, contact places@berkeley.edu.

Keywords:

places, placemaking, architecture, environment, landscape, urban design, public realm, planning, design, commentaries, juror, chapters, compassion, Marcia McNally

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Chapters in Compassion

Marcia McNally



Stephen Verderber’s award-winning book *Compassion in Architecture: Evidence-Based Design for Health in Louisiana* led me to think about the important and misunderstood role of compassion in design. As a teacher of community design it is a challenge to effectively demonstrate to students how to use both head and heart in problem solving. Verderber’s book is a wonderfully told tale of a sorry period in state-supported health care in the United States, providing timely, carefully gathered evidence about Louisiana’s institutionalized neglect of the public good. It also sets up an interesting discussion about the role of compassion and passion in professional practice.¹

According to the 2004 *American Heritage College Dictionary*, compassion is “deep awareness of the suffering of another coupled with the wish to relieve it.” Passion, on the other hand, is “a powerful emotion, such as love, joy, hatred, or anger.”

To sort it out how these might be applied to design, I consulted with an expert—my husband, landscape architect Randy Hester. His views on the subject were quite strong: “In doing design you are creating something. Anything

worth anything is a passionate act. If made without passion it is utilitarian and relatively uninspired. One of the great sources of inspiration is passion. But it isn’t enough on its own to do design. You need intelligence, knowledge, and a deep understanding of the problem.”

And that is where the compassion comes in—that and being able to identify and respond to the real needs of those who will use the places we plan and design.

Chapter 1: Making Distinctions

My first instinct for this essay was to ask a public health expert to read the book, and then have a talk about the need for compassion in our respective professions. The opportunity presented itself in the form of Dr. Cheri Hobgood, a doctor of emergency medicine at the University of North Carolina. Hobgood also happens to be

Above: Public health clinics in Louisiana serve a poor, frequently minority population, whose needs are often ignored by other providers. Photo from *Compassion in Architecture*, courtesy of the photo archives of the Morehouse Parish Health Unit.

married to one of my husband's cousins, and she lives down the road from us in Hester's Store, North Carolina.

When we met last summer on my front porch, I quickly learned that the compassion-passion dialectic is very much alive in medical practice. From Hobgood's perspective, compassion is still the first instinct of many in her field of emergency medicine: "Anytime, anywhere, anyone. You don't say no to anyone in emergency but we are the only ones in medicine who do this anymore. I just interviewed someone for a job who is being forced to give up 'charity cases' because the numbers don't pan out [even though] the patients' situations haven't changed."

Her words brought back for me Verderber's depiction of the "plight of the minority and medically underserved" in Louisiana. But as Hobgood went on to tell me, things aren't necessarily so different in the affluent Research Triangle area of North Carolina.

"47 million people in the U.S. are uninsured. So we are getting people who are a lot sicker by the time they come to the hospital than they might be if they had access to routine health care. In 1995 Carolina built a brand new, beautiful facility. Within two years we had stretchers in the hall. [That was when] we realized we couldn't build our way out of [this] crisis."

This was shocking, and made me feel a little superficial for asking the next question—whether she felt there was a role for passion in medicine. I assumed the answer would be no, that everything had to be by the book. Instead, she was adamant to the contrary: "It is the fuel. It's the thing that keeps you going at 4 a.m. It is a belief that there is something bigger than you, that taking care of people is important. It is juice, it is the creativity. You have to be creative in addressing the 'what if?'"

Chapter 2: Compassion 101

Earlier in the summer Hobgood had regaled us with stories that made TV hospital shows seem tame. One in particular had stuck with me; it involved a medical student who was visibly shaken when he returned from notifying a family that their son had died. This caused Hobgood to realize that Carolina students received no training in dealing with the human side of emergency—a drunk, a rape victim, let alone a death. As a response, Hobgood developed a course in death notification which involves "simulated survivors," a trained variant of the "standardized patient," with whom students can practice protocols particular to this delicate task.

This process has become somewhat of a sensation in her circles, so I asked Hobgood how she would teach Compassion

101. Her ideas reminded me of exercises that a colleague, Clare Cooper Marcus, developed to help students discover the childhood spatial experiences that influence their design instincts.

"I think I need a fertile field to start with," Hobgood said. "A strong belief system in my students. So I just try to tease out the part of them that I know is there and play on it. In doing the death notification training I get them to face their own death, to face the possibility of their failure as a doctor, and answer the question 'what if that had been me?'"

Apparently, this must be a hard sell with some of her students. And so she also makes a point of addressing the question of "what's in it for me?" Specifically, she continued, "I try to make the case that compassion is something that will keep them out of court. It is a translational skill that has value."

Certainly, the techniques (or "technology") of community design will not protect practitioners in my field from litigation. But they are a necessary currency in much of design practice today with national and legislation mandating public participation. Many firms boldly assert a design philosophy that involves working with a community to find the right solution. But are they all doing it well, or compassionately?

I felt it was important to run this by Verderber. In particular I wanted to ask about the methods described in his book to see if they were distinct from social factors techniques and space-programming practice. And I wanted to know how to teach these skills, and how to get the social factors data into the design and planning tool kit.

Verderber started by saying that the methods he advocates couldn't merely be a mechanical process, "because then it is aloof." And like Hobgood, he gets his students to role play, do predesign workshops and scenario building. He wants them to "walk in the shoes of others—social workers, psychologists, doctors, public health specialists." This is a lesson he learned from Cooper Marcus, with whom he has collaborated on hospice designs. It was she who encouraged him to put a face on his research by including interviews, knowing the impact of personal testimony is hard to avoid.

I also learned from Verderber that not everything is going smoothly with the \$3 million neighborhood planning process the Rockefeller Foundation has funded in New Orleans. Just the week before our conversation he had met with one of the design teams that had been selected. His Tulane-based group had been collecting data from the displaced who were living in temporary FEMA villages. But this seemed inconsequential to the design team.

“At the first meeting they showed up with a bunch of maps depicting issues that they’ve identified. They didn’t want our input, they didn’t want information being generated at the grassroots, they just wanted validation.

“There are a whole set of trailer villages, housing that is like an encampment or concentration camp. The people are stigmatized and ostracized. Yet the planning teams are only focusing on five to ten years from now. People are screaming ‘we want to go back to our neighborhoods.’ No one knows what to do.”

Chapter 3: Is Elegance Paternalistic?

Probably the best-known compassionate community designer is the late Samuel Mockbee.² He based his Rural Studio in Hale County, Alabama, a “left-behind place” that sounds little different than that which Verderber has found in Louisiana.³ Working with the Department of Human Resources, Mockbee and his architecture students from Auburn University have designed and built homes and community facilities for the county’s mostly African-American residents for more than 10 years (the work has continued since his death in 2001).

What has impressed me about this remarkable experiment were its intentions. Mockbee wanted to accomplish the “design and construction of modest, innovative houses for poor people,” which translated into “warm, dry, and noble” housing made from creative reuse of salvage.⁴ He also wanted his students to “respect clients they wouldn’t have acknowledged on the street before,” inducing empathy through exposure rather than preaching.⁵

Indeed, the Rural Studio’s mission statement begins with the hope that students “cross the threshold of misconceived opinions,” and learn “to work as citizens of a community.”⁶ They achieve this through a year-long immersion gained by living in the place. It is usually their “first intimate experience with the smell and feel of poverty.”⁷

Cherri Hobgood would agree. She believes medical school must bring out and blend the compassion and passion learned through life experience. But charismatic role models are also needed to teach, motivate and emulate.

“I show them that as a doctor, I see it all. I never know what’s coming. This is exciting and very real. I convey to them ‘bring it on, we can deal, I’m up to this.’ It’s definitely macho, but I remind them that I’m a diagnostician and this is an intellectual endeavor. You need to figure things out. You get to ‘make stuff.’ And then people get better and are able to leave.”

Samuel Mockbee operated from a strong sense of the moral high ground. He was adamant that architects had

“an ethical responsibility to help improve living conditions for the poor...[and] should challenge the status quo into making responsible environmental and social changes.” He believed that architectural education was a place to “sow the moral seed of service.”

Apparently, he did this by setting a passionate example. “If you’re going to do this you gotta pack your bags, kiss your wife goodbye, and go to war.”⁸

Mockbee is also of interest, of course, because the designs that came out of his Rural Studio were stunningly beautiful. This, too, is in contrast to much of the product generated by community design—which I increasingly find institutionalized, safe, and compromised. But any discussion of form-making in the context of community design is dicey. For example, the one criticism of the Rural Studio work that really stings is that it is paternalistic.

The debate is an important one. Yet the undeniable outcome is that the clients are satisfied—admittedly only after a long period of uncertainty about motive, during which trust had to be gained.

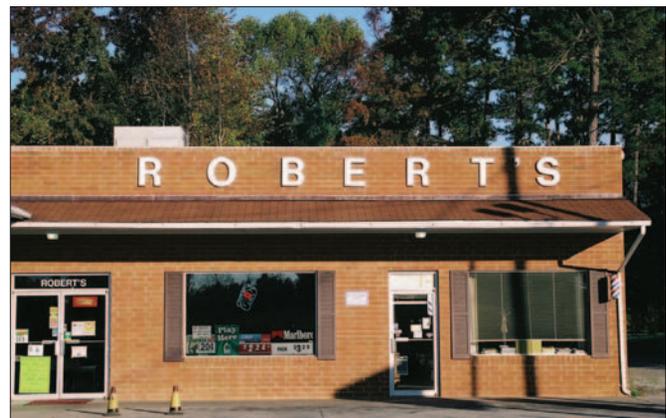
“Big white man from Mississippi named Sambo giving something away, saying, ‘We don’t want to change you, just want to help you.’ You’d be apprehensive too.”⁹ This was how one client described his first meeting with Mockbee. This client eventually agreed to let Mockbee and his students work on his house, and he enjoyed working with them so much he often fed them.

Another client said of her new hay-bale house: “I was glad to get my house. The children was glad, even the chickens and the dogs was glad. I’m proud of my house.”¹

Chapter 4: Finding FDR

Trying to expand on Mockbee’s deliberately intimate work, I thought about examples of public design where the compassion of the designer was evident, and arrived at what Larry Halprin and his team of artists had accomplished in the FDR memorial. As he says in opening his book on making the memorial, “My early life was intertwined with the influences of Franklin Delano Roosevelt as far back as I can remember.”¹¹

Drawn to a presidency that was marked by “a multitude of crises,” Halprin said he sought an “emotional” form that “would express universally shared human experiences.”¹² The challenge was how to convey the tenure of a president well known for his language of compassion. “I see one-third of a nation ill-housed, ill-clad, ill-nourished.” “I always try to remember that their deepest problems are human.” “The test of our progress is not whether we add more to the abundance of those who have much; it is whether we



provide enough for those who have too little.”¹³

In the context of design and compassion, I am most interested in the Memorial’s second-term room, which presents the Great Depression. Here Halprin’s team communicated the human struggle of America through figurative sculpture of everyday people, bas relief, and stone-carved

quotes. These showcased the experience of living through these times when “the poverty, the economic failures, and the natural disasters” gripping the country were overwhelming, as well as the impact FDR had on them.¹⁴ As Halprin says, “his was a hero’s journey.”¹⁵

A trademark of the Halprin design process is being able

to anticipate how people will feel when they experience a space. He often responds with a choreographed or scored design. In the FDR Memorial he wanted to create a “slow-paced, personal experience which would take place over sufficient time, could transmit the importance of this era to future generations.”¹⁶ Such a design not only is an act of compassion; visitors feel the compassion of a man for the people he had been elected to lead.

Chapter 5: Circling Back to Place

An article in this journal must finally address the question “what does this tell us about making better places?” I have learned much of what I know about place making from Hester’s Store. This corner of rural North Carolina is in a state of rapid transition, as once-productive tobacco farms are being replaced by double-wides and other forms of low-cost housing. Yet it remains special.

People from out here grew up “cared-for” in some way by the place. The place has since provided a source of confidence and creativity in their lives. Readers familiar with the work of my husband know this. It is here that he acquired the ability to work with everyday people to achieve long-held dreams for their community. Compassionate, yes, but not without passion.

At its core, Hester’s Store is still rural and modest and requires a certain kind of professional community to provide service. As it turns out, Hobgood’s husband, a retired doctor, also has this gift.

“This is the power of Jimmy Jay Winslow,” she explained. “His patients believed he understood what they were saying, that he cared, and that he would work on their behalf. A big issue now in medicine is cultural competency. He had it in Roxboro. It’s a hard place to work, our graduates don’t want to go there. These rural people are hard to figure out, they are hard to connect with. You need to be able to make a space and inhabit it with your patients and you do this by finding what that thing is that you have in common as human beings. He could do this.”

The spark for this piece came from Verderber’s book and its compelling story. The notion that you could program compassion into what in effect was an institutional makeover was intriguing. So then why end up talking about the passion two doctors and three designers bring to their work? Because of the inherent contradiction between passion and compassion in my field as well as others.

Through a collaborative process, a community designer seeks to relieve the suffering, often of popula-

tions oppressed by unjust government policy, or simply by poorly executed “designer design.” I think we avoid passion because it is so closely associated with egotistical, solitary acts. But successful practice requires acknowledgement of both forces, one an altruistic instinct emanating from a strong belief system, the other a heady “fuel.” Both are strong—yin and yang—interdependent and potentially transformative.¹⁷

A successful blend of compassion and passion produces charismatic leaders in any profession. And I believe it can yield memorable landscapes in our common realm.

Notes

1. Stephen Verderber, *Compassion in Architecture: Evidence-Based Design for Health in Louisiana* (Lafayette, LA: Center for Louisiana Studies, 2005).
2. Most of the discussion about Mockbee’s work and the Rural Studio comes from Andrea Oppenheimer Dean and Timothy Hursley, *Rural Studio: Samuel Mockbee and an Architecture of Decency* (New York: Princeton Architectural Press, 2002).
3. In 2000 the poverty rate of Hale County was 40 percent. Quote and statistic about Hale County from Dean and Hursley, *Rural Studio*, p. 2.
4. *Ibid.*, p. 1, jacket cover.
5. *Ibid.*, p. 13.
6. <http://cadc.auburn.edu/soa/rural%2Dstudio/mission.htm>.
7. Dean and Hursley, *Rural Studio*, p. 3.
8. All quotes on Mockbee’s beliefs about the moral responsibility of the profession are laid out plainly on the opening page of Dean and Hursley, *Rural Studio*, p. 1.
9. *Ibid.*, p. 33. Story of the Harris house, pp. 32-47.
10. *Ibid.*, p. 18. Story of the Bryant house, pp. 16-31.
11. Lawrence Halprin, *The Franklin Delano Roosevelt Memorial* (San Francisco: Chronicle Books, 1997), p. 1.
12. *Ibid.*, p. 5.
13. In *FDR Memorial*, Halprin uses a number of memorable Roosevelt quotes. These can be found on pp. 62-69.
14. Halprin, *FDR Memorial*, p. 6.
15. *Ibid.*, p. 7.
16. *Ibid.*
17. See Wikipedia discussion for more, http://en.wikipedia.org/wiki/Yin_and_yang.

Opposite: The nurturing qualities of a rural place. Views of Hester’s Store, North Carolina. Watercolor by Randy Hester. Photos by author.