

The place of care in a large Belgian modernist complex

The evolution of the Cité de Droixhe since its creation until today (Liège, 1954-2022)

Justine Gloesener
University of Liège
justine.gloesener@uliege.be

Abstract

The COVID-19 pandemic has highlighted the importance of care, as well as the extent to which it is undervalued in Western societies, emphasising the instrumentalization and neoliberal logic that care is subject to. Since the 1970s, various feminist theorists have developed ethics of care. This evolving and controversial ethic has become a critical tool in sociology, philosophy, economics, and public policy analysis but is still underdeveloped in architecture and urban planning. This paper adopts the feminist ethic of care to analyse and criticise the evolution of a modernist social housing complex. The *Cité de Droixhe* was built in the 1950s to offer various facilities, 2000 rental social housing units, and vast green areas in Liège (Belgium). However, since its creation, it has undergone major transformations including the demolition of nearly 1000 units. In this qualitative inductive research, an interdisciplinary approach between architecture and social sciences was proposed, combining archival research, semi-structured interviews, and participatory observations. The ethic of care is mobilised both as a research and methodological posture and as an object of analysis. The data collected led to questioning the place of care in the evolution of the large complex under different themes: the facilitation of reproductive work, the valorisation of care professions, and the attention paid to proximity and the daily life of the neighbourhood inhabitants. By highlighting the integration and loss of care within the different transformations of the housing estate, this study shows the importance of reasserting the value of care and making it a collective responsibility, contributing to drawing perspectives for a more feminist, equal, and caring city.

© Justine Gloesener

This is an open access article distributed under the terms of the CC BY-ND 4.0 license.
<https://creativecommons.org/licenses/by-nd/4.0>

Keywords: care, gender, feminist ethic of care, modernist architecture, large complex, social housing estate, rehabilitation, socio-historical evolution

Introduction

Since the 1970s, various feminist theorists have been developing an ‘ethic of care’. This evolving and controversial term is now used in various disciplines, such as sociology, philosophy, economics, and public policy analysis (Scrinzi, 2021). Nevertheless, the feminist ethics of care are still underdeveloped in architecture and urban planning. The concept of care and the nature of the activities and relationships it encompasses are broad and vary according to how they are used. This study aims to question care in social housing and, more specifically, to examine the integration of care in the evolution of a modernist complex in Droixhe (Liège, Belgium). Here, the ethic of care is employed as an object of analysis, in addition to a research and methodological approach. First, this study develops a theoretical framework for feminist care ethics. Second, this framework is used to present the different approaches to care and the qualitative and inductive methodologies mobilised for this research field. A different theme socio-historical presentation of this modernist complex was also employed, following a presentation of the place of care and gender in the evolution of the large ensemble. By making visible the integration of care and its loss with the transformations of the housing estate, this study hopes to contribute to drawing perspectives for a more feminist, equal, and caring city.

The rise and development of care instrumentalization

The COVID-19 pandemic has revealed the vulnerability of all populations, institutions, and species and put forward the role of women as the main caretakers and the importance of undervalued professions of care (Laugier & Vallaud-Belkacem, 2020). Despite this visibility, the pandemic has multiplied oppressive dynamics, underscoring that not all lives are equal (Ibos & Sadeghipouya, 2021), and that the concept of care may also be used and reduced to neoliberal logics. Recent visibility of care does not prevent instrumentalization. Since the development of the tertiary sector and care work, post-industrial occidental societies have been transformed into ‘service societies’ (Hirata, 2021) with a neoliberal management of care that perpetuates oppressive relationships, and gives rise to profitability and universal and nondemocratic norms (Brugère, 2021).

Theoretical framework

This first part of the paper aims to assess the ethic of care theories, as developed by feminist scholars, consider how they can contribute to the questioning, critiquing and designing of the space subject to urbanistic and architectural conception in a more egalitarian way, but also questioning how to perform research 'with care' or integrate care as a research posture.

A feminist ethic of care: emergence, controversies and debates

To this day, the concept of care is a central yet ever-evolving and controversial concept among feminist scholars (Day, 2000). It was developed since the 1970s following the concerns of several feminist academics, drawing from theoretical writing and empirical research (Fine & Glendinning, 2005). Carole Gilligan first outlined the ethics of care in 1982 with 'A Different Voice', which quickly became the most widely read and cited work of the second feminist wave (Laugier & Paterman, 2019).

For Gilligan, the ethic of care is a model of moral development based on relationships and the singular and concrete experiences of women (Borgeaud Garciandía, Hirata & Makridou, 2010) rather than abstract principles (Tronto, 1993). Gilligan suggests an ethic of care that is interested in ordinary, everyday, and particular situations. In that sense, a feminist ethic of care is about relaying unheard voices, those of a minority and of the most vulnerable, those that are least listened to and least recognised. Despite these contributions, criticism has been directed at Gilligan's ethic of care, considering it an anti-feminist, essentialist approach that reinforces gendered distinctions between women and men (Laugier, 2011). Another criticism addressed to Gilligan was that she generalised her observations of the experiences of young white middle-class women to all women (Tronto, 1993). However, 'care has historically been sexualized and racialized' (Krasny, 2022, p. 29), and that it is affected by social dynamics of gender, class, and race/ethnicity (Kergoat, 2016). Care work can also be paid (with professionalisation and professions of care), or not (with domestic care), pointing to yet another important variation not taken into account by Gilligan.

Joan C. Tronto (1993) has redefined the ethics of care by taking a more intersectional approach, considering not only gender but also class and race relations. She views care as both a moral and political concept, with the goal of creating a more democratic and fair distribution of power. Tronto's approach also includes marginalized groups such as women and 'outsiders'

in the political world and serves as a tool for critical political analysis. Tronto considers the private and public spheres differently and emphasizes that there is politics in the private sphere, and reaffirms care as feminist (Brugère, 2021). Above all, the definition of Joan Tronto and Berenice Fisher (1990) makes it possible to extend care to include not only humans, but also our bodies, environment, nature, and habitat. The ethic of care emphasizes the importance of maintaining relationships and recognizing interdependence beyond humans (Ibos & Sadeghipouya, 2021). It highlights vulnerability in animal, plant, and non-human environment (Laugier & Vallaud-Belkacem, 2020). It encourages new ways of living with consideration for all the lives and beings that populate the world.

However, in terms of architecture and urbanism, this feminist notion of care, as well as its translation to space, remains underdeveloped. In Tronto's essay 'Caring Architecture', she invites us to see architecture as a reflection of power and propose the development of the different phases of care in architecture (Tronto, 2019). For Elke Krasny, 'architecture is without a doubt a most important form of care' (Krasny, 2022, p. 29). These practises should value and serve the work of care, reconsider the telling of (feminine) biographies, abandon the strict division between private and public in their approaches, and design and build 'to accept all life-sustaining labour as an integrated and continuous condition' (Pepchinski & Budde, 2022, p. 12). According to Krasny (2022), understanding architecture and care as intrinsically linked is a political project and necessitates a complete paradigm shift.

Case study

Droixhe modernist complex: from 'model estate' to 'ghetto'

The *Cité de Droixhe* in Liège is Belgium's first modernist housing complex, built on a former military training area that later hosted various International Fairs. In the context of post-war reconstructions, and in response to substandard and unsafe housing conditions in the city centre, a public housing agency called *La Maison Liégeoise* organized a design competition in 1950. The competition sought to create a new district with 7000 inhabitants and 2000 rental social housing units (Cohen & Moore, 2014). The EGAU group (*Etudes en Groupe d'Architecture et Urbanisme*) won the competition and oversaw the construction of the complex from 1954 to 1979.

The EGAU group was founded in 1940 by three male architects and urban planners from Liège: Charles Carlier, Hyacinthe Lhoest, and Jules Mozin. Inspired by the concepts of the International Congress of Modern Architecture, the Athens Charter, and 'vertical village' theories, Droixhe was quickly presented as one of the best Belgian examples of a compact modernist housing complex, and continues to this day (Frankignoulle & Stevens, 2002). The complex indeed had many perks, notably its proximity to the city centre (three kilometres), a number of sports facilities, a nearby industrial area providing the population with accessible employment (Cohen & Moore, 2014), a stimulating landscape made of the Meuse River and its green valley slopes, and a proper connection through public transport (Frankignoulle, 2009).

At its creation, the seventeen-hectare housing estate offered several housing blocks located in a vast green space, ideally oriented in an east-west direction to provide ample sunlight and interesting views. It was also equipped with multiple facilities benefiting the inhabitants and ensuring the autonomy of the site (cultural centre, church, libraries, nursery and schools, gymnasium, senior club, health centre, family medical centre, stores, police station, etc.). These buildings offered living conditions and comfort levels that were seldom found in housing units at the time (Cohen, 2010), especially in social housing units. Frankignoulle (2009) emphasised that every housing unit had a bathroom, running water, and central heating, whereas only 7% of Belgian private housing had such conditions in 1947. Each apartment also had a fully equipped kitchen, a balcony, a laundry room, built-in storage, garbage chutes, and technological equipment (elevators, intercoms, thermal and cork acoustic insulation, etc.). Apartments ranging from individual studios to 6-room apartments are available (Cohen, 2014). These elements show how innovative the social housing sector could be (Frankignoulle, 2009). Initially, Droixhe was considered a 'model neighbourhood' and was occupied by residents from various social classes and cultures. Flats were then sought after by the local populations and appreciated (Dethier, 2012).

At the end of the 1970s, the rules of accessibility to social housing became stricter, and a change in population occurred, particularly in terms of social class and ethnicity. 'This decision shifted the social composition, which until then had been mixed and heterogeneous' (Cohen, 2014, p. 88). With rents now based on income, the middle classes, which were in the majority in Droixhe, gradually abandoned it and were encouraged to buy or rent in the private sector (Dethier, 2012). There was also a loss of social diversity. The middle class has been replaced by a predominantly unemployed population (Dethier 2012) and an increasingly precarious population. The site also became home to an increasing number of larger families, many with immigrant



Figure 1. A mother and daughter around the pond in Droixhe. Source: Fond Niffle EGAU, GAR – Archives d'architecture (ULiège).

backgrounds (Frankignoulle & Stevens, 2002). In a few years, the image of Droixhe as a 'model neighbourhood' was transformed into a 'ghetto' and a prime example of the urban crisis (Cohen, 2010). The media's comparison of the modernist complex, Droixhe, to the French low-income housing complex (HLM) has contributed to marginalization, despite differences. Droixhe is located near the city centre and has good public transportation, quality public facilities and spaces, but similar socioeconomic profiles of the populations and levels of degradation and vandalism as HLM (Frankignoulle & Stevens, 2002). Weakened by the degradation of its physical context (with the construction of the motorway along the Meuse River), its social diversity (the rise of the precarious population), and its conceptual consistency (the last two housing blocks were built at a lower cost due to lack of budget), the *Cité* is afflicted with the shortcomings of modernism, and its architecture is now often considered to be responsible for all the defects (Cohen & Moore, 2014; Dethier, 2012).

In the 1990s, the Droixhe neighbourhood was the subject of a major requalification and renovation plan centred on the de-densification of the area by one third. Paradoxically, the most recent buildings were in worse condition than the first ones. Their materials were of poorer quality, the

finishes were less well cared for, and above all, 'they have been raised by 10 to 20 levels compared to the original projects, which creates too high a population density (Dethier, 2012, p. 366). The proposition of lowering the height of some blocks was initially adopted. Nevertheless, as in many rehabilitation operations, demolitions were preferred to renovations in view of the lower costs and the negative image of modernist architecture at the time. Only the first buildings to be built (around 400 dwellings), located along the Meuse, were subject to 'light' renovations by Dethier's architectural agency. It was decided that this transformation operation would take place 'on an occupied site' and that the inhabitants would remain in their flats during the work (Frankignoulle & Stevens, 2002). The 'Atlas company' (comprising the social landlord, the City of Liège, and other partners) then called on a 'sociological and media monitoring unit', in partnership with the University of Liège (Cohen, 2014). This unit carried out, among other things, an inventory of each flat to be renovated, an information desk to answer tenants' questions, and a quarterly newsletter translated into four languages. The aim was to provide residents with the best possible support during the renovation phase. Unfortunately, this sociological monitoring was not established beforehand to collect the words and needs of the inhabitants. The rehabilitation decisions did not, therefore, take into account the inhabitant's experience and were not subject to citizen participation or consultation. Since its construction (1954–1979), this neighbourhood has undergone numerous transformations, leading to demolitions (since 2009), rehabilitations (since 2004), and new construction (still ongoing).

Recently, the renovation of the park by the city of Liège has been the subject of citizen participation: the 'Interreg N-Power research project'.¹ With the pandemic, participatory processes were complicated, but the project was inaugurated in December 2021. However, once the park renovation project was completed, a series of problems persisted and new ones arose. A residents' discussion group was then created with the support of neighbourhood associations to find joint solutions and challenge authorities. This fact illustrates the difficulties still present in integrating the most vulnerable into new developments, even though they are attentive to citizens, by various actors in the city's construction (politicians, architects, urban planners, works and roads departments, etc.). It also allows us to question, more broadly, the attention paid to marginalised territories such as social housing estate complexes. Questioning the integration of care in the evolution of this large modernist complex can also make it possible to question how these renovations and transformations, despite a desire to improve the neighbourhood, impact the daily life of its inhabitants and the links created with the rest of the city.

Methodology

It is important to note that this paper is part of a doctoral research project that has been in progress for several years and, at its origin, questioned gender at different scales of living (housing, equipment, and public space) in the fabric of the city of Liege. This research is both qualitative and inductive and combines architectural, historical, feminist, and social approaches through documentary research in the project's archives, inhabitants' testimonies, and observations/participations in situ. Because ethics are on the side of empirical investigation, they are nourished by people's stories and begin with real-life experiences. By selecting 'Droixhe' as a case study, the issue of care became increasingly visible through archival research (architectural plans, photos, and reports) and interviews. Initially, different categories of users and specific objects led me to question care and its spatial devices. This paper proposes to make visible these different discoveries (objects, places, histories of people, etc.), which were previously invisible or unknown, to question in a more global way the integration of care in this large housing complex, at the scale of the inhabitants, the buildings, and the neighbourhood.

Today, care is used as a critical tool in various disciplines (Scrinzi, 2021). For this research, care was used both as a research posture (in the choice of the case study and the methods used) and as a critical analysis concept to question Droixhe (the material and social devices of care in the housing project). The feminist ethic of care allows for a more inclusive and intersectional reading of the modernist complex, where gender and other vulnerabilities cannot be separated, but are mutually constitutive.

Care by studying a low-income multicultural neighbourhood and modernist social housing estate complex

Droixhe's selection as a case study can also be read through the lens of care by the choice to work in a low-income multicultural neighbourhood stigmatised by residents and the media and to study a modernist complex described as both an exemplary illustration of the architectural and urbanistic principles of the Modern Movement and as responsible for the neighbourhood's decline. At its origin, the large complex was composed entirely of hundred percent social housing. Attention is paid to a more vulnerable neighbourhood and population, which is, therefore, pauperized and to which little attention is paid. Droixhe and its inhabitants are still marginalized despite the transformation of the district. While people talk about Droixhe as a 'dangerous' neighbourhood where you should not

walk, I discovered instead systems of mutual aid between women, between disabled people, between inhabitants, and between associations to improve the daily life in their neighbourhood. Thus, attention is given to different vulnerabilities, whether they are social, linked to precariousness, or linked to gender, race, disability, etc.

Modern architecture, especially modernist architecture, has been rightly criticised for separating architecture from care as a result of an ideology of progress that promises to build a better future by making *tabula rasa* of the past and of the existing (Fitz & Krasny, 2019). This architecture, in its representations, is also difficult to associate with the feminine. First, the 'zoning' principles of the Athens Charter separate the key functions of living, working, recreation, and movement. By proposing large housing estates separate from workplaces, productive and reproductive tasks are clearly separated and contribute to the isolation of women by removing them from the city and thus from the public sphere. Secondly, since the 1960s, many press and scientific articles have referred to 'the sickness of large housing estates' (Legouillon, 2016). They were considered responsible for mental breakdowns, which particularly affected women (Huguet, 1965). However, the history of cities is intertwined with the history of disease, and architecture is intertwined with health. The pandemics of the nineteenth century shaped the infrastructure of our cities with the establishment of drinking water systems, sewers, urban parks, etc., as well as buildings, interiors, and furniture (Colomina, 2022). In the case of Droixhe, modern architecture was particularly interested in disease because it wanted to find solutions to substandard housing, tuberculosis (e.g. with sanatoriums), or polio. Modern architecture goes beyond looking at architecture from the point of view of the weakest individuals (lying in beds), but considers the human species intrinsically vulnerable and therefore takes as its model a fragile, vulnerable, sick, and lying body (Colomina, 2022). Illness is thus no longer seen as an exception but as the norm, where 'illness is not a negative term but a generator of new potentials and the very motor of modernity' (Colomina, 2022, p.54).

Thus, I seek to nuance these dominant discourses and find care in this modernist complex, whose specific spatial devices (such as attention to domestic tasks, children, the elderly, and the most vulnerable people from private housing to public facilities) appear to have gone beyond modernism's progressive and hygienist vision to create forms of care for its inhabitants. However, ambivalence is often present when questioning care. Do these attentions allow for some emancipation of women and the most vulnerable people, or do they continue to assign them to the domestic space by

essentializing them in some way? A critical reading must be made and developed of the results to nuance the answers provided.

Methodology: a cross approach between architecture and social sciences

The study was iterative. It begins with documentary research in various archives (architectural plans, reports, photos, etc.), which are then collated and processed. The elements discovered then allowed me to construct my questionnaires for users and discuss them in the interviews. Therefore, they evolve as the research progresses. The interviews allowed me to return to the archives to discover new elements, criticise them, and put them into dialogue.

Care by spending time with the Droixhe inhabitants

This paper draws up fifteen in-depth, semi-structured interviews with inhabitants (10)² and social workers from Droixhe (4).³ Semi-structured interviews with various Droixhe residents provided an opportunity to discuss their experiences in the neighbourhood and in their homes. For each interview, their daily life, residential trajectories, and place/role of care given and received on different spatial scales were discussed. The questionnaires were adapted as the meetings progressed.

Following the request of an inhabitant, I joined a reflection group composed of residents and social workers who discussed and worked on the future of the newly renovated park. This group is called *Les amis de l'étang*⁴ (with reference to the pond in the centre of the park). A space called *La Maison de l'étang* has been created since the renovation of the park. This space allows the different associations of the neighbourhood to gather in a common place and offer various activities, including meetings, recreational activities (weaving, knitting, etc.), and more festive events at different times of the year. In addition to the interviews with the inhabitants, I have attended these meetings several times a month since December 2021.⁵ My methods varied between participant observation and active participation in different activities. This allows me to get to know the neighbourhood, its inhabitants, and its activities better, to be able to help as much as possible, and to discuss with the inhabitants and gather information in a more informal way because some people are not comfortable with face-to-face interviews, especially due to the language barrier.

A qualitative and inductive work method is characterised by listening and begins with specific situations and subjects' expressed needs. In Droixhe, I tried to listen to and examine what is usually not questioned, especially

by conducting a personal 'gender lens' analysis of architects' archives and giving a voice to the often unheard inhabitants of a stigmatised district. A significant amount of time was devoted to researching and getting to know the inhabitants of Droixhe, building trust, and allowing them to fully express themselves and share their daily experiences. The importance of including alternative and diverse perspectives in architectural history has been recognised by feminists, social activists, and some architectural historians over the past fifty years, but these efforts have remained underdeveloped (Gosseye, 2019). Architectural scholar Janina Gosseye suggested using 'oral histories', which are often personal and intimate, to bring attention to silenced or excluded perspectives and provide a deeper understanding of the social and cultural aspects of buildings and the experiences of those who use and occupy them. By recognising the knowledge and stories of these groups, it is possible to create 'more inclusive, multifaceted, and polyvocal architectural histories' (Gosseye, 2019, p. 10).

For Droixhe, it seems important to tell these 'microhistories', these details of daily life and 'stories of everyday spaces' found in the archives and in the inhabitants' discourses. The 'small attentions' discovered and imagined by the EGAU architects, like specific objects, materials, places, or facilities that contribute to the integration of care and facilitate the daily life of the inhabitants, do not appear in the papers or the architectural magazines of the time.

Findings

Modernist architecture, which advocates a functional and hygienic city, is also a political project for housing 'for all' and better living conditions. In this sense, could modernist architecture already take care of or be cared for? The Droixhe project, although it follows the main principles of the Modern Movement, is not a generic project that can be duplicated in other places. Domestic work is prioritised (with easy-to-clean flats, numerous local shops, storage boxes, and so on), as are children (with numerous playgrounds visible from the flats, nursery schools for each housing block, a primary school, a crèche, a youth library, and so on), the elderly (with a club for senior citizens), and the most vulnerable people (with the creation of a family medical centre and its 'adapted housing'). From private housing to public facilities in the original project, it seems to go beyond the hygienist and functionalist modernist vision of offering a better quality of life to the inhabitants of Droixhe. The family medical centre for polio patients, founded

in the 1960s, is a one-of-a-kind facility that represents a genuine political will and paradigm shift aimed at reintegrating sick people into the city and removing them from the hospital environment. Although Droixhe could hardly be called an exemplary project and a ‘care architecture’ (Krasny, 2022), the transformation of this large complex suggests a loss of care for its inhabitants. The discovered spatial devices providing a form of care were classified into three themes (non-exhaustive but important in Droixhe): (1) the facilitation of reproductive work; (2) the valorisation of care professions; and (3) the attention to proximity and the daily life of neighbours.

Facilitation of reproductive work

Since the 1970s, feminist analysis has used the concept of care to criticise the invisibility and lack of recognition of women’s reproductive work, which is generally unpaid and invisible (Delphy & Leonard, 2019). Also known as ‘care work’, ‘reproductive work’ refers to activities related to procreation and caregiving, including tasks like childrearing, housekeeping, and caring for the elderly. These activities often occur in the domestic sphere and are often unpaid or undervalued. They are essential for maintaining and reproducing social and family structures, and are sometimes referred to as ‘social reproduction’. Some researchers, such as Caroline Moser (1989), have broadened the concept of including both productive and social/community work.

By questioning the place of care in Droixhe in the archives of the original project, the first reading through the lens of care reveals particular attention on the part of architects to facilitate and reduce the time of household work through their architecture. This approach is in line with the hygienist and functionalist vision of modernist architecture and the intentions of CIAM, which rationalises spaces. For example, the ‘Taylorist kitchens’ appeared in the 20th century, developed with the first female architects (such as Margarete Schütte-Lihotsky, Christine Frederick, or Charlotte Perriand), and advocated a scientific management of the kitchen. These are arranged in such a way as to facilitate movement and thus reduce work time.

Droixhe’s social housing was designed with the same ideology in mind. They are made of durable and easily washable materials. They are equipped with bathrooms coupled with laundry areas and optimised kitchens that are connected to other living spaces. Numerous built-in cupboards are also provided, allowing for easily accessible storage that does not clutter the space and does not require the purchase of additional furniture for the tenants. The housing blocks are also oriented north-south for maximum sunlight and are open to the park and children’s play areas so that they can

be monitored from the apartments. On the other hand, this facilitation of domestic duties is criticised by materialist feminists such as Dolores Hayden (1981) because these spatial devices do not question the gendered division of domestic labour and the assignment of women to reproductive work. Nevertheless, it appears that the disappearance of some of these devices in the transformation of the large complex diminished the quality of the daily life of the inhabitants interviewed. Martine (72 years, inhabitant) tells me that there are no more bathtubs in the bathrooms of small flats since the renovations and sees this as a ‘downgrading’ and a loss of well-being: ‘Now you have to take a shower. I don’t like it because just because you’re old or alone doesn’t mean you can’t have a bath to relax in. Before, when I had pain due to osteoarthritis, I could take a nice hot bath that made me feel better’ (translation by the author).

Valorization of care professions

In the 1970s, the concept of care was also used to denounce the lack of recognition of the work of care that provides care to people (the elderly, sick, and children) and spaces. This work is generally daily, invisible, devalued, voluntary, and is carried out by women. The care professions with the most women are caregivers, nurses and related professions, home helpers, housekeepers, family caregivers, maternal assistants, and child minders (Hirata, 2021). However, in Droixhe, care is beginning to be recognized as an activity, facilitated, and professionalized. Concierges were provided for each housing block in the large complex. They ensured the maintenance of the buildings and the links between social landlords and tenants. However, their concierge role went beyond to extend to care for both building and inhabitants, including voluntary administrative assistance to tenants who need help with the paperwork, or including Christmas decorations and gifts for children living in the building. Annie (68 years, former concierge) says: ‘I considered my building as an extension of my home and its residents as a big family’ (translation by the author).⁶ Today, the function of the concierge no longer exists. It is an external cleaning company that cleans common areas because it is cheaper. But care has also disappeared.

In Droixhe’s modernist complex, a particular facility was also added to the original master plan. It is a medical family centre named *Les Murlais*. I discovered it when I was going through the archives of the GAR (*Groupe d’Ateliers de Recherche*) with a plan for ‘adapted housing’, which caught my attention.⁷ Despite its innovative aspects, it is rarely mentioned in the literature on Droixhe. However, it was conceived in the 1960s as part of a home care plan and implemented by various actors in the city of Liege.

Originally, the centre was designed to accommodate polio patients and their families. It offers adapted housing with a medical and nursing service in partnership with the university hospital located near Droixhe. The housing and the centre are adapted to the large turning radius of the ‘iron lugs’ (mechanical assistance devices with imposing dimensions) where some patients spend all or part of their time. The building is organised around a patio with trees. Medical services were located on the ground floor and adapted housing units on the upper floors, and all have balconies. They are accompanied by nursing services with nurses, care assistants, and housekeepers to help families.

In the meeting reports for this project, on the one hand, it is stated that solutions must be found to address the problem of sick women who are often abandoned by their husbands, who don’t want to take care of them: ‘it has been observed that abandonment is more frequent when the wife is the victim of an accident than when the husband is the victim of a serious accident’ (*Institut National du Logement*, 1963, p. I-2; translation by the author).⁸ On the other hand, solutions also need to be found for the increasing number of working women who go to work and cannot stay at home to look after their sick child or sick husband. Professionals must therefore be there to help them.

This innovative facility is interesting because it situates care between domestic space (with ‘medicalized’ housing), public space (as a large complex facility), and common space (with a library, a common multipurpose room, re-education rooms, etc.). This blurred boundary between domestic, public, and communal spaces, or between the hospital and home, is the richness of the project. In this centre, particular attention is given to the guests (with a studio available on each floor of the adapted housing), meeting spaces, external spaces, and residents with disabilities who can enjoy an additional room for their hobbies. Thus, we find spatial and architectural devices that are part of ‘care’ (with attention to relationships) rather than ‘cure’ (where the medical would simply heal), a place that supports rather than contains or holds (Brugère, 2021).

Attention to proximity and daily life in the heart of the large social housing estate

Since the first studies stemming from socialist feminism in the 1970s and the 1980s, attention has been paid to everyday life. The gender perspective makes two key dimensions of everyday life visible: time and the reproductive tasks of human life (household, domestic, and care tasks), as well as the relationship between these dimensions and everyday well-being. In the



Figure 2. Exterior view drawing of the medical-family center 'Les Murlais'. Source: Fonds Revivre chez soi, GAR – Archives d'architecture (ULiège).

large complex of Droixhe, many facilities are offered. These local facilities (shops, nurseries, kindergarten, gymnasium, etc.) improve the autonomy and daily life of its inhabitants, with easy access to a wide range of services and amenities. They are also connected to the rest of the city and designed to be complementary to those of nearby neighbourhoods.

Over time, buildings dedicated to care have been disappearing. The first was the university hospital of Bavière, which moved to the heights of Liège for an American-style campus in the 1980s. The partnership with the family medical centre was then interrupted, and the life of the centre ended in 2020 with its demolition (because it had become obsolete and too expensive to renovate with asbestos). In the 1990s, two-thirds of the housing towers were demolished because they were considered too dense and in bad condition, the facilities within them, the spaces created around them, and the community links were also lost. Consequently, the local shops on the ground floor of these towers, senior citizens' homes, children's play areas, and nursery schools disappeared. Moreover, when institutional care functions disappear, so does care for its territory, inhabitants, and

spaces. The concierge status and the *Les Murlais* centre were abolished and replaced by simple cleaning companies or apartments for people with limited mobility that no longer allow for community life. However, demolition and transformation are not limited to the complex. They also occur in the entire neighbourhood and have an impact on it. The future Liège tramway and urban boulevard will encircle Droixhe and prevent neighbouring relationships. Since its creation, the neighbourhood has been under continuous transformation (through construction in different phases, then demolitions and new constructions) and ‘in the dust’ (according to the inhabitants). The Astrid Park in front of Droixhe is being privatised with the construction of an eco-neighbourhood. The functions that were located there and hindered the project were therefore placed on the different wastelands of Droixhe without a clear master plan or global vision for the district because each building was submitted to an architect’s competition (streetcar station, fair hall, specialised school, etc.). The district seems to want to be revitalized, transforming itself for the better, but the inhabitants already present in Droixhe seem somewhat forgotten.

These facts also allow us to analyse *care* as a process and to question responsibilities. The last significant example is the renovation of Droixhe Park around a pond. Despite the fact that a citizen participation project aimed at empowering neighbourhoods in difficult situations was established to follow these renovation works for two years, the project was completed with the installation of a thick layer of gravel on all of the park’s paths. Given the budget restrictions, this was the best solution found to fill in the mud ruts and holes in the paths, which were caused by trucks that carried out embellishment work in the park in the previous stages of the project. The irony is that for the inhabitants concerned about mobility problems, the park was better before renovation: ‘Even though they put in nice new benches, the park was better before because it was accessible, I could walk around without fear of getting stuck there alone’ (Robert, 69 years, adapted housing’s inhabitant).

Other people with bikes, strollers, and trolleys also complained about these mobility problems. This ‘temporary’ decision was made because of a lack of funds. This gravel ‘anecdote’ clearly illustrates a lack of care, or even an inversion of care, by putting residents, who are in a position of dependence and vulnerability, in a position where they can no longer use the park freely. One could even speak of a hostile city and the mistreatment of a neighbourhood, its spaces, and its users. The need to integrate the ethic of care in our cities seems essential. According to Fabienne Brugère, ‘a feminist ethic makes public what was considered private (care) and shows what is

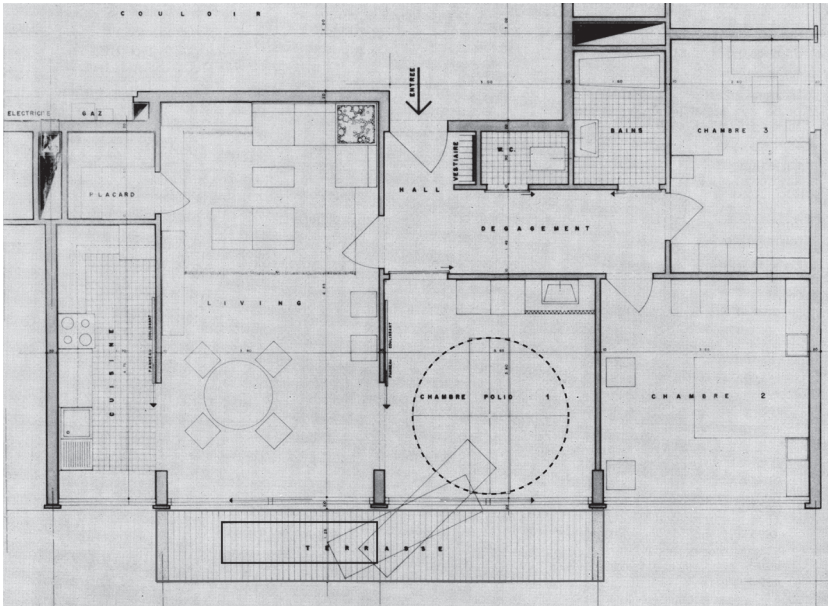


Figure 3. Adapted apartment in the medical-family center 'Les Murlais'. Source: Fonds Revivre chez soi, GAR – Archives d'architecture (ULiège).

private in a space presented as totally public. It displaces the established borders between the private and public spheres' (Brugère, 2021, p. 43).

Conclusion

This paper advances the feminist ethic of care by using it (1) as a theoretical framework and critical tool to explain and analyse my research posture and methods, and (2) to propose a critical analysis of the socio-historical evolution of a large collective housing project. The feminist ethic of care also shows us how to bring out other ways of making, writing, and telling architectural histories. The concept of care is multiform, plural, evolving, and variable, depending on moment, space, and people. Above all, care is an ethic; it is not quantifiable, but a posture that is translated into action. It can be concrete (in the setting up of a particular spatial device) or abstract (when citizens come together and create a community by wanting to solve problems). In each micro-history, nuances must be made concerning the place of care, its integration, absence, or disappearance. Therefore, the most important factor is to question it.



Figure 4. Wasteland where the family medical center was located, Photography March 2022. Source: Justine Gloesener.

A loss of care

However, this reading through the prism of care seems to highlight a loss of care as the neighbourhood evolves and changes. The reasons are always economic and financial (concierges are too expensive, and housing renovations are more expensive than demolitions), but the disappearance of care also incurs a cost. Paradoxically, more than half of the modernist complex with many qualities was demolished. While this type of architecture was decried as being too radical and responsible for the social problems it caused, there is a 'new *tabula rasa*' that prefers to demolish high-rise buildings and build new ones rather than renovate existing ones. Of course, the modernist complex at Droixhe cannot claim to be an example of 'caring architecture' in its own right. However, it is a marginal territory that is frequently forgotten, set aside, and transformed. But the local stories and accounts that emanate from this complex offer elements of reflection and perspectives to question in a more global way the realisation and especially the rehabilitation of our social housing, which is too few in number and with too little 'caring', in its forms as well as in its construction or functioning policies.

The first elements presented in this article highlight the difficulties and ambiguities encountered in integrating care as a practice into our

architectural and urban planning concepts. Therefore, care should be facilitated and reassessed (Hirata, 2021) within our society and spaces, thus facilitating the daily life of inhabitants. In this sense, the evolution of care is questioned through three distinct themes: the facilitation of reproductive work, valuing of care professions, and a focus on proximity and daily life in the neighbourhood. However, these themes are not exhaustive and need to be deepened and completed. Care must become a collective responsibility that requires attention to margins (Ibos & Sadeghipouya, 2021), outsiders (Tronto, 1993), particular situations, and specific circumstances (Gilligan, 1982). As a result, this paper proposes to question and integrate the ethics of care in posture and methods as a scholar, but it could also apply to anyone involved in the city's making.

New forms have to be invented, they have to be more human, take into account the inhabitants, and be more attentive to what already exists in the 'commons', both symbolic and constructed. Attention to the needs of users must be put back at the centre of concern. According to Droixhe, despite the implementation of sociological monitoring during the demolition and renovation of the few rehabilitated towers and citizen participation in the park's renovation, a lack of care remains, too inattentive to daily life and history, to the stories of its inhabitants, neighbourhood relations, and the city's links. Finally, working with the existing stock presents a significant challenge: being mindful of it while proposing new uses and functions as needed. However, today, with global warming and the depletion of resources, reuse and rehabilitation are more necessary than ever to take care of territories and their occupants, including humans and non-humans.

Notes

1. <https://www.interregemr.eu/projects/n-power-en>
2. Among the 10 inhabitants interviewed, there are 5 women living in Droixhe's social housing, aged between 60 and 94, who arrived in Droixhe between 1960 and 2000. There are also 3 former residents of *Les Murlais*, two men and one woman aged 65 to 71 who have been living in Droixhe for at least 30 years in adapted housing.
3. The 4 social workers interviewed are all women aged between 30 and 55 and have been working in Droixhe for 2 to 15 years.
4. *étang* means 'pond' in French
5. So far, I have been able to attend 14 meetings between December 2021 and October 2022.
6. *Personal translation.*

7. <https://gar.archi>
8. Document discovered in *La Maison Liégeoise* archives in the INL report on adapted housing for the physically disabled that served as a guide for the *Murlais* centre.

Bibliography

- Borgeaud Garciandía, N., Hirata, H., & Makridou, E. (2010). Note de lecture sur Gilligan, Tronto, Paperman, Laugier et Molinier, *Cahiers du Genre*, 49.
- Brugère, F. (2021). *L'éthique du «care»*. Paris: Que sais-je.
- Cohen, M. (2010). Le groupe Egau. *Art&Fact*, 29, 83–89.
- Cohen, M. (2014). Logements de la Cité de Droixhe. In S. Charlier, T. Moor, & Tourisme Wallonie-Bruxelles (Eds.), *Guide architecture moderne et contemporaine 1895-2014 Liège* (pp. 204–205). Brussels: Mardaga.
- Cohen, M., & Moore, T. (2014). La Cité de Droixhe. In S. Charlier, T. Moor, & Tourisme Wallonie-Bruxelles (Eds.), *Guide architecture moderne et contemporaine 1895-2014 Liège* (p. 202). Brussels: Mardaga.
- Colomina, B. (2022). Le lit à l'ère de la covid-19. In C. Fleury, & Pavillon de l'Arsenal, *Soutenir. Ville, architecture et soin* (pp. 51–55). Paris: Pavillon de l'Arsenal.
- Day, K. (2000). The ethic of care and women's experiences of public space. *Journal of environmental psychology*, 20(2), 103–124.
- Delphy, C., & Leonard, D. (2019). *L'exploitation domestique*. Paris: Syllepse.
- Dethier, D. (2012). La cité d'habitation de Droixhe: de l'utopie à la réalité. In F. Graf, & Y. Delemontey (Eds.), *Architecture industrialisée et préfabriquée: connaissance et sauvegarde* (pp. 361–371). Genève: Presses polytechniques et universitaires romandes.
- Fine, M., & Glendinning, C. (2005). Dependence, independence or inter-dependence? Revisiting the concepts of 'care' and 'dependency'. *Ageing & Society*, 25, 601–621.
- Fitz, A., & Krasny, E. (2019). Introduction. In A. Fitz, E. Krasny, & Architekturzentrum Wien (Eds.), *Critical care: Architecture and urbanism for a broken planet* (pp. 10–22), Vienna: MIT Press.
- Frankignoulle, P. (2009). Urbanisme et architecture à Liège 1960-1970. *Cahiers de l'Urbanisme*, 73, 38–45.
- Frankignoulle, P., & Stevens, B. (2002). Vers un nouveau Droixhe. *Cahiers de l'Urbanisme*, 2002, 39, 46–52.
- Gilligan, C. (1982). *In a different voice. Psychological theory and women's development*, Cambridge: Harvard University Press.
- Gosseye, J. (2019). Introduction. A short history of silence. The epistemological politics of architectural historiography. In J. Gosseye, N. Stead, & D. van der Plaats

- (Eds.), *Speaking of buildings: Oral history in architectural research* (pp. 9–23). New York: Princeton Architectural Press.
- Hayden, D. (1981). *The grand domestic revolution: A history of feminist designs for American homes, neighborhoods, and cities*. Cambridge, MA: MIT Press.
- Hirata, H. (2021). *Le care, théories et pratiques*. Paris: La Dispute.
- Huguet, M. (1965). Les femmes dans les grands ensembles approche psychologique de cas d'agrément et d'intolérance. *Revue Française de Sociologie*, 6(2), 215–227.
- Ibos, C. & Sadeghipouya, M. (2021) Vers un care radical. Lutttes pour le soin en temps de pandémie. *Dictionary of Gender in Translation*.
- Institut National du Logement (1963). *Le logement des handicapés physiques. Etude des problèmes posés par les besoins spéciaux des handicapés physiques en matière de logement et des solutions à donner à ces problèmes* (Report). Brussels.
- Kergoat, D. (2016). Le care et l'imbrication des rapports sociaux. N.A. Guimaraes, M. Maruani, & B. Sorj (Eds.), *Genre, classe, race. Travailler en France et au Brésil* (pp. 11–23). Paris: L'Harmattan.
- Krasny, E. (2022). Thinking through gendered entanglements in architecture. M. Pepchinski & C. Budde (Eds.), *Women architects and politics: Intersections between gender, power structures and architecture in the long 20th century* (pp. 27–45). Bielefeld: transcript Verlag.
- Laugier, S. (2011) Le care comme critique et comme féminisme. *Travail, genre et sociétés*, 26(2) 183–188.
- Laugier, S., & Paterman, P. (2019). Présentation. La voix différente et les éthiques du care. In C. Gilligan (Ed.), *Une voix différente. La morale a-t-elle un sexe?* (pp. VIV–XLVII). Paris: Flammarion.
- Laugier, S., & Vallaud-Belkacem, N. (2020). *La société des vulnérables. Leçons féministes d'une crise*. Paris: Gallimard.
- Legouillon, G. (2016). La construction des grands ensembles en France: émergence de nouvelles vulnérabilités environnementales, *Vertigo – la revue électronique en sciences de l'environnement*, 16(3).
- Moser, C. (1989). Gender planning in the third world: Meeting practical and strategic gender needs. *World Development, Elsevier*, 17, 1799–1825.
- Pepchinski, M., & Budde, C. (2022). Introduction. In M. Pepchinski & C. Budde (Eds.), *Women architects and politics: Intersections between gender, power structures and architecture in the long 20th century* (pp. 9–19). Bielefeld: transcript Verlag.
- Scrinzi, F. (2021). Care. in *Encyclopédie critique du genre* (pp. 127–137). Paris: La Découverte.
- Tronto, J.C. (2019). Caring architecture, In A. Fitz, E. Krasny & Architekturzentrum Wien, *Critical care: Architecture and urbanism for a broken planet* (pp. 26–32). Vienna: MIT Press.

- Tronto, J.C. (1993). *Moral boundaries. A political argument for an ethic of care*. New York: Routledge.
- Tronto J.C., & Fisher B. (1990). Toward a feminist theory of caring. In E.K. Abel & M.K. Nelson (Eds.), *Circles of care: Work and identity in women's lives* (pp. 36-64). Albany, NY: State University of New York Press.

About the author

Justine Gloesener, architect and urban planner, is a doctoral student at the Faculty of Architecture at the University of Liège. After several years of practice in architectural agencies and a final work on prostitution and the city, her current doctoral research questions gender at different scales of living and more particularly the place of women and *care* in the socio-historical evolution of the modernist complex of Droixhe to think a more feminist, equal and caring city.