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Testimonial: Charting Ethical Courses, the Role of Care in a Designer's Journey

In 2017, after spending more than 15 years practicing design at Sismo[1] and exploring fields as varied as objects, culture, innovation and communities, I was faced with a kind of ethical dilemma. The creative plasticity of design, which I have experimented with extensively, means that creation can be incorporated into design almost everywhere: design is useful. It is capable of defining the aesthetics of an era and is often effective in meeting user expectations. "It is as if all designers have tacitly taken a kind of Hippocratic oath never to do anything ugly or ever have any negative thoughts", write Dunne and Raby (2013), somewhat provocatively. However, what are the designers' intentions, beyond their profession?

At a close glance, we can assume that designers' intentions mostly refer to the broad outlines of the field's modern historiography: mostly industrialization, purposeful design, art synthesis, sales curves, industrial aesthetics, applied arts, social design, critical design, etc. As for myself, I have gradually chosen to align my practice with the

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1 The Les Sismo design collective was founded in 1997 by Antoine Fenoglio and Frédéric Lecourt in Paris. See: www.les-sismo.com.

methods and reasoning of influential figures such as William Morris, Margarete Schütte-Lihotzky, Charlotte Perriand, Bruno Munari, László Moholy-Nagy, Ettore Sottsass, Anthony Dunne and Fiona Raby. Their objects, concepts and experiments, as well as their writings (which is no small feat, as designer-thinkers are rare), have helped me avoid the many pitfalls of design that serves a voracious capitalism, in search of the most beautiful curve, that of sales[2], and the best management of production "surpluses"[3].

However, on this long journey of practice and knowledge, when I decided to investigate the political and social intentions of designers, leading a 5-year series of seminars on the practice linking design and ethics with philosopher Cynthia Fleury[4], I realized that these design pioneers remained committed to promoting life in all its varied aspects: humor, desire, care, the body, listening, pleasure, diversity, sharing, etc. This perspective, which I felt was quite obvious, was summarized in another way by Moholy-Nagy, who stated that "design is not a profession, but an attitude" (Scharmer 2009; Findeli 2021). Indeed, in a practice that seeks to change everyday life, where the variables are often complex and unknown, attitude is a key factor.

Tronto (2009) defines care as "a generic activity", whose purpose is to sustain life. My daily work as a designer and my desire to rediscover this purpose led me to explore issues of care, as well as the links between design and the ethics of care. Ultimately, taking on the task of revealing the fundamental links between design and care for people and environments has produced a significant shift in the way I practice design. By seeking to highlight the aspects that need to be focused on in each field, I have learned to develop a form of intentional pragmatism: designing with life in all its diversity.

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2 "La plus belle courbe c'est la courbe des ventes" (The most beautiful curve is the sales curve), a famous quote from designer Raymond Loewy (1990) in *La laideur se vend mal*.

3 On this subject, see the analyses of philosopher Pierre-Damien Huyghe (2018) in *Sociétés, services, utilités: à quoi tient le design*.

4 *Design with care* seminars (2018–2023), Chair of Philosophy at GHU Paris Hospital and CNAM: *Design with care* seminar, Year 1, Chair of Philosophy at the Hospital (www.chaire-philo.fr).

1.1. Understanding, co-creating tools and practicing design in the interest of living better

In order to put this ability to embrace the diversity of life into perspective, it is important to emphasize that the field of design is based on a balance between theory and practice, bringing together the hand and the mind (Lichtenstein 2004), somewhere between drawing and design. Through the skillful management of this duality of thought and action, design builds the essence and richness of its design process on an attentive view of the world. When designers approach a problem, the materialization of their proposals is based both on dynamic observation of existing conditions and a transformative creative intention. They refuse to follow closed or exclusively aesthetic specifications, favoring a perspective that offers new possibilities. By proposing solutions that break through the barriers of reification, designers often give the uninformed client the impression that they are navigating a conceptual triangle between engineering, the humanities and art. Indeed, designers' methods are part of a more comprehensive approach to expertise, aiming to capture the multiple aspects of the field of study and to place people themselves, in their life situations, at the center of an active design process. Designers then develop "mixing strategies" from the immersion phase onwards, devising forms of "methodological tinkering" (Nova et al. 2015) in order to help translate field findings into creative hypotheses. This iterative approach produces a back-and-forth process between observations and interviews, but also between collaborative and iterative activities. Designers thus become ambassadors for users and bring out narratives and experiential knowledge, all of which are resources for a collaborative mode of design and co-creation.

The numerous projects carried out with Sismo designers to improve medical devices in very different situations – managing the diagnosis of Parkinson's disease, outpatient surgery in a clinic, therapeutic gardens and freedom of movement in a mental health facility – are good examples of this. For each project, the academic, professional and experiential skills of different actors – caregivers, patients, families, researchers and designers – were pooled together

with the aim of imagining and testing experiential conditions that could improve care situations and, therefore, the living conditions of those involved. The experiences of stakeholders were collected and integrated, including those of patients, caregivers and family caregivers. The use of the knowledge and expertise of patients and healthcare professionals, combined with academic contributions, produced a form of self-reflection among healthcare teams for each situation. The experience of pooling expertise through a design approach ultimately brings about a comprehensive and dynamic capacity for care in the healthcare environment, going far beyond medical devices and allowing everyone to continually review their capacity, objects, spaces and modes of interaction, creating a genuine caring environment.

1.2. Care design and ethics: moving from service design to life care

Like many other institutionalized sectors, healthcare facilities, the primary centers of care, have found themselves caught between two almost antithetical approaches in recent years. The first approach focuses on caring for sick people, whose loss of vitality makes them particularly vulnerable. The other is a more rational approach, aiming to optimize time and costs by making hospitals more efficient, which results in the managerialization of care. While the two approaches may not be incompatible in themselves, they often become so when it comes to putting them into practice. The difficulties of combining "care practice" and "care management" are becoming more apparent every day. The conditions under which care strategies are developed in hospitals are difficult to navigate. These include a lack of material and financial resources, the constant tension between the time spent with patients and the number of tasks to be performed, and the requirement to strictly comply with current medical protocols. Faced with these difficulties, caregivers and supervisors are not always able to find solutions to everyday problems that are both ethical and caring. This results in a lack of interest in healthcare professions, discomfort felt by patients and families, and mistrust of medical institutions by society in general.

This is where the difficulty lies, in the tension between the actual lack of care and ethical requirements, and this is where an ethical approach to design becomes particularly meaningful. In these places, numerous initiatives and projects aimed at re-establishing dialogue between hospital practices, ethics, management and medical science are striving to bring about new perspectives, combining the perception of the value of care with the logic of task performance and cost. These experiences teach us that, in order to overcome the opposition between management and field practice, institutional practices must be improved through commitment to a concept that is common to all stakeholders: care. A concept that can become a method when combined with design.

A first philosophical definition of care is provided by psychologist Carol Gilligan (2008), based on her observation of the different moral criteria used by men and women when making choices that impact the quality of social interactions. Building on this definition, political scientist Joan Tronto (2009) proposes broadening the concept of care in the field of political philosophy by defining it as "a generic activity that includes everything we do to maintain, perpetuate, and repair our 'world' so that we can live in it as well as possible". The "world" Tronto refers to includes our bodies, ourselves and our environment: all the elements we seek to connect in a complex network that supports life.

Moving from theory to practice, the act of care is implemented in four main aspects, each associated with an ethical concept: "caring"/ attention, "taking charge"/responsibility, "caring for"/competence and "receiving care"/responsiveness. The remarkable thing is that care immediately sets the conditions for a practice, whether it be medical or team management, because it must develop from a managerial technique into a supportive approach. I would like to highlight three points that I believe are at the heart of the current disruptions in healthcare environments, and beyond.

1) Being inspired by ethics – and those of care in particular – means agreeing to collectively reconsider the issues submitted to various experts.

2) Being inspired by the ethics of care means reconsidering how we approach a field, prioritizing listening and sharing the floor with "different voices". These voices lead to better integration of care into healthcare practices, but also into management practices.

3) Lastly, allowing oneself to be inspired by the ethics of care also means accepting to work to seek better care for oneself and the community. This also includes recognizing that the practice of care, or management, heals us as much as it produces care, with different perspectives, practical outcomes in the form of protocols, renewed relationships and new narratives.

1.3. Toward a climate of care

When you decide to apply ethics of care to your design practice, creating systems and conditions for the emergence of caring spaces becomes a goal, but also a huge challenge. It is not uncommon to discover that the concepts and experiments that are being worked on involve mechanisms that clash with existing medical protocols, or whose usefulness is not immediately apparent. In fact, the value of care is measured according to the qualitative aspects (Jobin 2022) of the care experience, and its acceptance depends on the ability of the tested devices to transform the relationships between all the actors involved, as well as their attitudes toward the issue. This way of measuring the value of a care system is radically different from traditional methods of measuring value in design. While the strategy of design experimentation aims to test the most original hypotheses, it is often the ability of a community to form a method of interaction with each other that makes healthcare successful (Fenoglio and Fleury 2022).

In 2020, during the exhibition organized as part of World Design Capital in Lille, we worked with philosopher Cynthia Fleury to develop the idea of a "climate of care". We set up a "Maison POC prendre soin" (POC Care House) hosting around fifty concrete projects, created with the participation of designers and tested in real-life situations, offering potential avenues for bringing about a "care society".

These design projects and experiments were presented in three overarching themes that make up this "climate of care": individual health, inclusive society and environmental vitality. Each project leader and designer was driven by the same questions: How can we take care of what is right in front of us, that which is vulnerable and fragile? Each person was able to draw their own answer and put their convictions and doubts to the test in the field. Together, they proposed a common, comforting and empowering design, reflecting the "climate of care" that we have been trying to sketch out ever since[5].

In conclusion, the role of care in my career, throughout numerous projects, has allowed me to adopt a different approach to design, one that is more experimental, more active, more attentive, more inclusive and mixed, and more locally engaged. It then became clear to me that the concept of developing design projects was only a small part of our responsibility, and that the term "envelopment" was now more closely aligned with the expectations of vulnerable individuals and communities. Ultimately, these attentive initiatives, multiplied but still connected, restore the full meaning of design, in a constant search for elegant "purposeful design", and allow us to collectively and increasingly experiment with the idea that care is one of the best ways to inhabit the world.

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5 The collective work *Éthique et design : pour un climat de soin*, edited by Fleury and Fenoglio (2024), collaboratively brings together reflections on how policies and initiatives should use design to improve the world's habitability, contributing to the development of commons that respect both humans and non-humans.

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