

The Common Heart(h) in Equipoise

CIAM (*Congrès Internationaux d'Architecture Moderne*) was the most important architectural-urban avant-garde of last Century, “the official Establishment of architecture in our time”¹. Within its thirty-year life, from 1928 to 1959, CIAM had certainly played a pivotal role in framing and contaminating architectural-urban thinking worldwide up until today.

This legacy became even more important in the Post-War period which was characterized by a radical passage within CIAM, from an orthodox and compartmentalized functionalism to an open humanism, from the abstract machine-age projects to converted interest in habitat and anthropological identities. This precarious passageway became particularly clear during the CIAM 8, which took place in Hoddesdon, twenty miles from London from 7th to 14th July 1951, and dealt with the topic of “The heart of the city”. Indeed the CIAM 8 became a main symbolical expression of a counterforce of the functionalist zoning method of planning, even causing “the collapse of Modern Architecture”².

However, even though this passage at CIAM8 was evident, the difficult issue of delineating a single theoretical and design frame for the heart idea seemed to persist at CIAM 8. Among the multiple interpretations, between metaphorical translation and symbolical rhetoric, functionalist and humanist ideals, the Heart was debated as a constituent element at the foundation of the urban structure dealing with the right balance between the private and public spheres. This interaction between the private hearth of the house and public heart of the city, can be traced in many discourses at CIAM 8.

For instance Bakema and Le Corbusier underlined that all houses have a Core, originally the hearth of a home but now perhaps it has shifted to a mechanized tool, such as a television or a kitchen equipped with modern appliances. The Swedish CIAM member Gregor Paulsson (1890-1977) also focused his discourse on the private house which was considered the first centrality for the community, a point of reference even in a “Coreless community”³ which lacks both identity and centrality. The Swedish historian then went on to study the relationship between animals and plants and their natural sites; more precisely he reminded participants that ecology is derived from the Greek word “oikos” (house) and that the town-planner’s task was “to make a good habitat for man as an individual as well as for man as a social animal.”⁴

1 Banham 1969: 143.

2 Shane 1983: 41.

3 In a Coreless community [...] the orbits of men are from their house to the places where they work and back again, the orbits of the house-wives will consist of the homes, a few shops, and the doorsteps where they chat with their neighbours.” (Paulsson 1952: 29)

4 Paulsson 1952: 29.

5 Wogenscky 1953.

Hence in 1951 Paulsson introduced the basis of ecology for a discussion on habitat and the house as the organic navel of the entire urban system. His address about the private house anticipated the “language dispute”⁵, which took place at the preparatory CIAM meeting held in 1952 in Sigtuna (Sweden), between ‘habiter’ and ‘habitat’, between its functionalist and socio-biological interpretation, its private and more collective conception.

6 Strauven 1998: 241.

On the one hand, the term ‘habiter’ constituted a substantial enrichment of the pre-war, “pure undiluted ‘dwelling’ of the Athens Charter”⁶, which dictated the principles of the pre-war functionalist architecture. ‘Habitation’ was methodologically conceived as a proper limitation for the far too vast meaning of habitat which encompasses, both in English and in French, several fields of knowledge such as sociology, human geography and political economy.

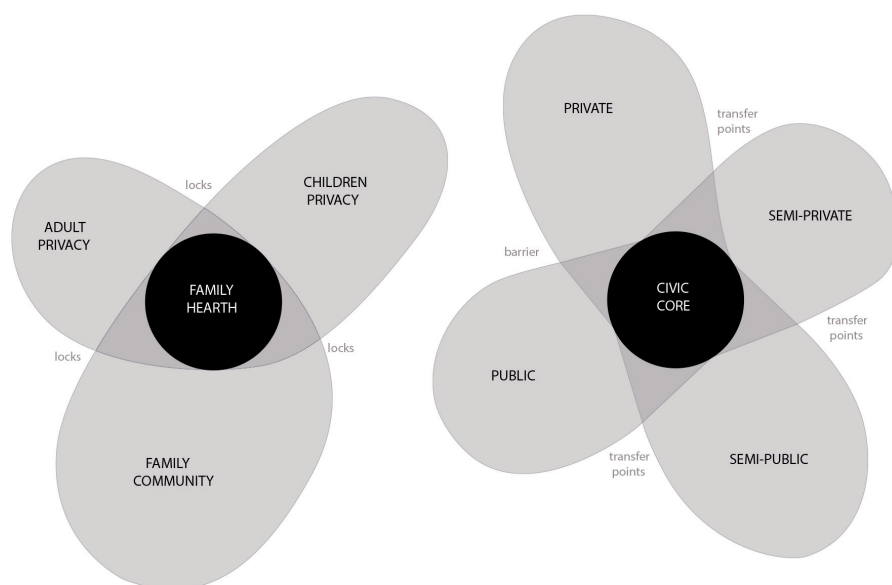
7 Gutmann, Manz 1952: 215.

On the other hand, the young members, who later became the members of the TEAM X, recognized ‘habitat’ in its complete ideological sense, considering it as an integrating element of the human settlement as a whole. Habitat was defined in its fullest sense as an ecological, socio-biological topic, where the synthetic research of the complexity of city relationships, rather than the analytical analysis of the singular function, was depicted as central. The domain of Habitat was universally valid, concerning all human beings. It was a contract stipulated between the permanent society and the temporary individual, in a constant “inbetween” – “*Zwischen*”⁷, in a perpetual intermediation between different types of human needs and the context. Furthermore, the realm of Habitat was not conceived as a static given, as a functionalist compartment of the city like the functionalist ‘dwelling’, but as a perpetual renewal, a contract which was “constantly achieved, challenged and re-established”⁸.

8 Avermaete 2015 : 229.

Another CIAM member, Serge Chermayeff, highlighted, together with Christopher Alexander, the need for a distinction between the two private and public realms, between the hearth and the heart, in order “to re-establish an equipoise

Fig. 1 Scheme redrawn by the author) Serge Chermayeff, Christopher Alexander, ‘Anatomy of Dwelling’ and of ‘Urban Realms’, 1963 in Chermayeff Serge, Alexander Christopher (1963): Community and Privacy, New York: Doubleday and company, 210-211



between the individual and the collective.”⁹ Almost ten years later the CIAM 8, the two architects published the book “Community and Privacy. Toward a new Architecture of Humanism”¹⁰, where the two realms were respectively synthesized in the schemes of “Anatomy of Dwelling” and “Urban Realms”. (fig.1)

At the center of these schemes, we find the family hearth and the civic core respectively. The first is formed by the intersection of the ‘adult privacy’, the ‘children privacy’ and the ‘family community’, while the latter by the intersection of the ‘private’, the ‘semi-private’, the ‘semi-public’ and the ‘public’.

Then each of these entities, which creates the hearth and the heart, presents different kinds of thresholds which regulate the interaction with the others. In the first scheme only ‘locks’ are present as nodes between the two forms of privacy and the family community. We can imagine a closed threshold, which might be open when permitted, similar to a door. In the second scheme the ‘transfer points’ allow open interactions between ‘public’/‘semi-public’, ‘semi-public’/‘semi-private’ and ‘semi-private’/‘private’. Only between the ‘private’ and the ‘public’ realms is the threshold totally closed; here there is a ‘barrier’ which theoretically does not allow the introduction of the private sphere into the public one and vice versa.

The hearth and the core are described as separate entities, with well-defined, established borders and thresholds. However, the astonishing perfection of the regulation between private and public has certainly declined in the incongruity and ambiguity of our contemporary urban condition. The relationship between the private hearth and the public heart, between ‘habiter’ and ‘habitat’, had been highlighted in CIAM as early as the 1950s as a pivotal and urgent topic, yet still a generator of “dispute”.

Even now, our contemporary “ambiguous and unstable” everyday urban spaces¹¹ can no longer afford normative and universalizing distinctions between urban realms, such as ‘private’ and ‘public’, ‘public’ and ‘democracy’, ‘democracy’ and ‘control’¹². In particular, with regard to the hearth, Kenneth Frampton has recently highlighted that the Latin verb “aedificare, from aedes, a “building” or, even more originally, a “hearth”, and ficare, “to make” — has latent within it the public connotation of the hearth as the aboriginal ‘public’ space of appearance.” The ‘hearth’ is considered as an archetypical form of public space situated inside the private realm since, even nowadays, “no place is more of a forum in the contemporary home than the hearth or its surrogate, the television set.”¹³

Therefore the ‘heart’ and the ‘hearth’ are no longer symbols of two different scales of community nor positive metaphors of the family and of the social community. In contemporary society the ‘heart’ and the ‘hearth’ overlap each other, blurring the distinction between a privatized public realm and a publicly-open private realm.

A case study: Pioneer Health Centre, in Peckham (UK)

At CIAM 8, the pioneering experiment of Doctors Innes Pearse (1889-1978) and George Scott Williamson (1884-1953), in the Health Centre in Peckham (1935-1951), was very significant.

⁹ Giedion 1958: 126.

¹⁰ Chermayeff, Alexander: 1963.

¹¹ Crawford 1999.

¹² Crawford 1999: 28.

¹³ Frampton 2002: 26.

The Centre consisted of a community composed of 800-900 households, all compressed into a single megastructure building-house. Williamson was personally invited to CIAM 8 in order to show the importance of the “heart theme” within their activities. The doctors’ architectural-scientific approach to the Heart of the City was positively received by all CIAM members. For instance, Giedion reported, in his “Architecture You and Me”, that “no one at the eighth congress of CIAM was listened to with greater attention than Dr. G. Scott Williamson, founder of the Peckham Health Centre in London, which was indeed a “core” based on the spontaneous activities of people of all ages.”¹⁴ Moreover, the presence of a doctor at CIAM meeting was considered extremely important in order to enhance a trans-disciplinary thinking within CIAM, avoiding “a sort of intellectual CIAM incest”¹⁵ as radically denounced by Gropius.

14 Giedion 1958: 128.

15 Gropius 1952.

Regarding the context in which the Health Centre was conceived, Elizabeth Darling has already described that during the World Wars in Great Britain the health of society became an important issue because of the limited number of people with access to public health insurance.¹⁶ Many debates were focussed on the so called ‘health of the race’, especially after the loss of 700,000 productive young men during the last War.

16 Darling 2006.

The evolution of the welfare debate also involved modern architecture; the main purpose became to reconstitute a healthy existence mixing a spatial, social and medical welfare project. “The most important step towards revitalization of the masses of the people is improvement of their environment”¹⁷ as Richards affirmed in 1935. This was possible thanks to a general optimism towards the use of modern architecture for a healthy modernization of the urban environment and of health care.

17 Richards 1935: 209.

In the 1920s, Doctors Williamson and Pearse started to concentrate their strengths together with a small committee of philanthropists, in order to seek and develop new techniques of care for the health of the community. Indeed, in 1926, they launched an experiment, founding a club, the Pioneer Health Centre, in Peckham, a small district whose working-class inhabitants became an integral part of the Centre activity. The investigation into citizens’ health was organized in different phases, from 1926 until 1950.

The doctors’ ideas, which should be reflected in the architectural design of the new centre, were founded on the Family, considered as “the basic unity of the society, the lowest common denominator into which all society can be resolved as well as the natural biological unit”¹⁸. Indeed the family is the working smallest unit within the health centre as far as “the human organism is the Family-in-its-Home” which is “the Core for human development.”¹⁹ The family had always been considered as central also in the discourse on the Heart of the City. In the invitation text to the CIAM 8 in Hoddesdon, written by the MARS Group, the family was already depicted as the lowest scale of community which constitutes the Heart of the City.²⁰

18 Richards 1935: 209.

19 Williamson 1952: 30-31.

20 MARS 1951: 5.

Dr Williamson described this main principle of the organization of the Centre using a biological metaphor; a sort of cell whose nucleoplasm is con-

stituted by the “home” while the nucleus consists of “powerful genes”, the family members. Hence the individual is only part of a human organism, it is “blossom of the fruit” rather than the organism itself. Indeed, as Ling affirms during an open session at Hoddesdon, the “Individual is the root, the Family the flower and Peckham Health Centre the fruit.”²¹

In front of this progressive organization of the centre and idea of the family itself, the patients certainly had to face a radical change of lifestyle moving from an old individualistic attitude towards a community sharing, “to public gaze”²². It was also a shift from the centrality of the individual towards a common social collective sphere.

However, Williamson’s real interest in the “home” was its functional “hearth”, or “heart of the house.” The main characteristic was its social relationship between the private and the public sphere, as “a lively and directive energy”²³. In the doctors’ minds the architectural design of the pioneer centre should perfectly correspond to this family-in-its-home ideal: it should represent the physical and environmental space for the good growth of family-communities, enclosed within an open building. The private hearth and the public heart should thus coincide in order to obtain the best medical and therapeutic results.

After a preliminary review of different architects’ projects, the engineer Owen Williams’ proposal was chosen. The project surpassed all the doctors’ expectations; it immediately appeared as the right architectural answer to all requirements for a family-in-its-home, for a “biological cultivation”: individuality was abhorred, circulation was not channeled and there was an internal flexibility on all levels, guaranteed by a structural skeleton²⁴ enabling a free plan, whose internal spaces were divided by glass panels. “Freedom, in fact, is the salient characteristic of the plan. The building, from inside, appears to merge into the open air; it is extrovert in character”²⁵. Owen Williams’ project was even described by critics as a building “without precedent” and “architecturally alive”: since there were no plans for health centres before this project and new techniques for health improvement were needed, “so the building is required to be of a character previously unknown”²⁶.

In the Peckham Centre the Core was constituted by a central swimming pool, a 23×10m rectangle of water around which all the plan is orientated, becoming the central place of social congregation. It is a central empty space, a three floor high enclosed chamber, regulating the temperature and humidity of the building with a roof and walls covered with glass. These transparent walls also allowed patients’ to view the water from the upper levels and, at the same time, flooded reflected light within the building’s rooms obtaining “an appropriate salubrious spirit”. All functions were organized around this internal water rectangle, the perimeters of which are covered by glass, similarly to the external walls: both an internal and external open view is always guaranteed, towards the water surface and to external nature respectively²⁷. Doctor Pears defined the Peckham Centre as an “enabling environment”^{28/29}, highlighting the influence of the architectural space on the health of its in-

21 CIAM 8 1951: 68.

22 Williamson 1952: 31.

23 Ibid.

24 The whole building is planned on a grid 18ft square, varied at either wing to give a 24ft span for gymnasium and theatre. Cruciform pillars carrying the concrete floor spaces, and affording conduits for power, water, etc, allow flexibility of internal planning.

25 Richards 1935: 209.

26 PHC 1936: 9.

27 As far as the other functions within the Centre are concerned, the ground floor is used for physical culture activities, hosting the gymnasium with easy access to the nursery, playground, and garden, the swimming pool (the big Core and even a small one for infants and learners), lavatories and spray-chambers; in order to give the maximum advantage of south-west sunshine and fresh air to most of these activities, the main entrance is placed at the back, leaving the front unobstructed. The first floor hosts instead the social culture activities: there is the cafeteria area, the kitchen, the lounge and the lecture room which starts from ground floor. It is important to underline the visibility of the different spaces in order to permit the social cohesion: the use of sliding internal windows and of double height spaces, allows the vertical view into the lecture hall, the lower level gymnasium and pool, and into the outside garden. The second floor is destined to private medical rooms and mental cure, isolated by doors painted red to indicate “no thoroughfare”. Finally the flat roof is available for any recreations or out-door exercises.

28 Essential features and insights of the Peckham Experiment are summarised: 1. Study of health rather than disease, 2. Holistic approach: to cultivate all the factors-physical, psychological, social and spiritual - which combine holistically in health, 3. Social Club, 4. Family membership, 5. Health checks and family consultations, 6. Limited membership and easy access, 7. Non-directional help, 8. Non-competitiveness, 9. The building: freedom of movement and visibility in an open-plan structure, 10. Nutrition, 11. Open discussion. (Scott-Samuel, 1990)

29 Pearse, Crocker 1943; Darling 2007: 65.

30 Williamson, Pearse 1950.

31 Pearse 1945: 48-55.

32 "The resulting theory emphasized that working-class lives could only be improved by housing which was both well designed and incorporated extensive social amenities such as those which could be supplied by the Centre. It was also a firmly pro-urbanist theory, based on the premise that cities should be re-formed: a modern urban realm serving as a prophylactic against suburban sprawl. Her emphasis on re-forming both the social and physical environment thus echoed the doctors' concern to transform their members as both corporeal and social beings." (Darling 2007: 66)

33 Darling 2007: 66.

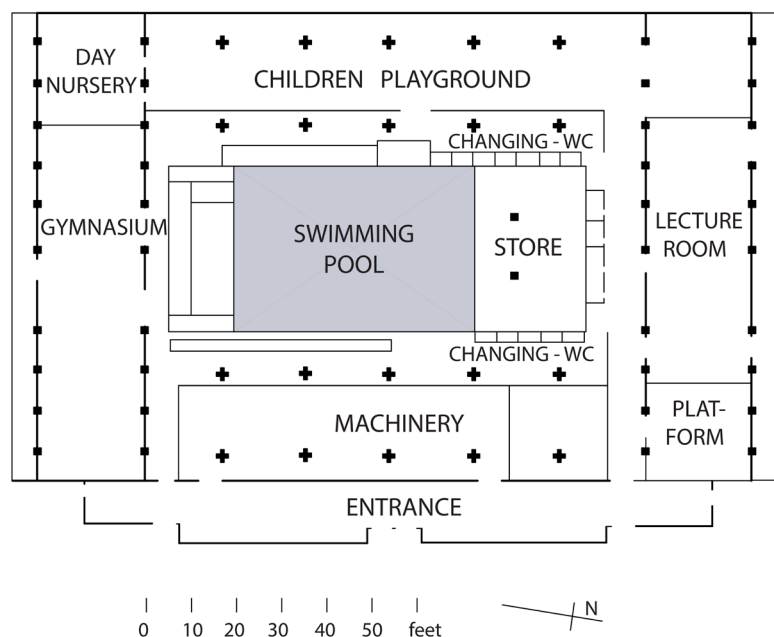
Fig. 2 (Plan redrawn by the author) Ground floor plan of the Peckham Health Centre in Richards James M., (1935) "The Idea Behind the Idea," Architectural review: 209.

habitants. The health centre's inhabitants (there were 800-900 households!) also felt the success of the experience and of the building as well: "You use the word 'community'; - an ex-patient said - "but the Centre needs a much warmer word than that; we did feel mutually responsible for each other. The Centre became an extension of our home - not a clinic or a leisure centre, nor was it political, racial or class motivated etc., but a place where the family could expand as a whole, and all in one building"; all in a single huge social hearth which is clearly shown in the architectural plan. (fig.2)

Nevertheless this whole enabling-family plan soon showed a limitation. Doctor Pears indeed noted that "if individuals after their 'cure' remain in the environment in which they have been living [...] disorders are prone to recur"³¹. The problem found its natural solution with the attempt to expand the pioneer health centre outside the centre itself: the town should have become a civic place to reproduce the positive architectural and medical solutions which had first been experienced in the health centre. Hence the need to reform urbanity emerged, towards a "new landscape of health", as described by Darling who considers this proposal a counterforce to the dispersion of the city, "serving as prophylactic against suburban sprawl"^{32/33}. In 1933, the centre committee agreed to give a part of its land for the building of housing with the clear aim to start a sort of transformation of the unhealthy urban life. However, when the war broke out the new housing centre had to close as well.

Conclusions

Peckham's experiment was very important since it involved the transformation of the urban structure, starting from the architectural scale of a private hearth. Considering the family as the first element of aggregation instead of the individual, it testified that the health of the community is obtainable only if the wellness of the private sphere is scaled up to the common urban public realm.



Through medical and scientific studies rather than architectural ones, the two doctors concluded their experiments by considering the city as a unique and most important frame and scale of reflection for the welfare of the human being.

Therefore the project tangibly shows the indissoluble connection and the positive shift from the hearth to the heart, and vice versa, rather than their distinction as in Chermayef-Alexander's scheme, or their dispute which even mined the integrity of CIAM.

This sort of 20th Century health phalanstery project highlighted the importance of the role of the public community within private architectural projects, avoiding a split between the private sphere and the public one. The 'fruit' of Doctors Pearse and Williamson rebutted the "tragedy of the commons"³⁴ and it reflected and translated into medical method and architectural-urban structure Giedion's idea of the human being "in equipoise"³⁵. of the "Heart" as a "a bridge between private life and community life", [...] a place where human contacts between man and man can again be built"³⁶.

Post-scriptum

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Author

Leonardo Zuccaro Marchi is an Italian PhD architect, encompassing and tackling the ambiguous complexity and different ambassadorial roles and practices of architecture, both relying on fundamental historical-theoretical references and inspiring the improvement of innovative approaches. He graduated from A.S.P. Alta Scuola Politecnica, Politecnico di Milano and Politecnico di Torino. He received his PhD at IUAV and TU Delft Universities. He was Post-doctoral Fellow at KTH University in Stockholm. He taught at Politecnico di Milano and at UDEM-Universidad de Monterrey. He is currently Visiting Lecturer-Researcher at TU Delft. He is author of the book "The Heart of the City. Legacy and Complexity of Modern Design Idea" published by Routledge in 2018 (Foreword by Tom Avermaete, Paola Viganò; Afterword by Vittorio Gregotti).

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34 According to "tragedy of the commons" later described by Garrett Hardin (Hardin 1968: 1243-1248), the ruin and the degradation of the environment is to be expected since each man is "pursuing his own best interest in a society that believes in the freedom of the commons" (Ostrom 1990: 5) "What is common to the greatest number has the least care bestowed upon it. Everyone thinks chiefly of his own, hardly at all of the common interest". (Aristotele, Politics, Book II, ch 3)

35 Giedion 1948, 1972: 225.

36 Giedion 1958: 123.

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