

RE-DEFINING PROFESSIONALISM: ALLOCATING DESIGN'S ROLE IN CONTEMPORARY, DAILY LIFE

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ABSTRACT

This paper is meant to address the current bipartisan nature of the contemporary design realm, wherein there lies a current juxtaposition of *professionalism* and *activism*. Perhaps even more important than the issue of professionalism versus activism, is the disconnect that occurs do to the *either-or* frame of mind that inherently exists behind this delineation. Given the complexities of present urban conditions, there lies a great amount of *naïveté* in the assumption that design-based occupations should be *either-or* as opposed to *both*. Architectural and Urban design, in regards to Lily M. Hoffman, by their very nature imply a sense of activism in which a daily society is altered and/or progressed in a beneficial way [i.e. activism]; however, as thought of by Allan Jacobs, they are also simultaneously a service to a client within which certain boundaries and pragmatics exist [i.e. professionalism]. Furthermore, parallel concepts of debate exist within the medical realm, which Scott J. Peters remedies by proposing a new position that serves as a synthesis of the two ideals. Through thorough research and discussion this paper aims to redefine 'design professionalism' and pose facts, case studies, and parallel concepts that support the notion that designers are in fact a similarly synthesized rendition of a career labeled under the heading: *activist-professionals*.

Keywords: Professionalism, Activism, Ethics

1. INTRODUCTION

Prior to investigating this inquiry one must adjust their frame of reference to the most appropriate sense of these topics of activism and professionalism. As this paper progresses, these reoccurring terms will be used in regards to design under the following pretenses:

Activism: addressing the most critical, current issues by expanding efforts, as well as the demographics, through both proactive and reactive methods that are applicable to daily life (Bell 2008).

Professionalism: an empirical, bureaucratic, and case-based system that is multidimensional and essentially rooted in policy and providing a service to a client for cost (Hafferty 2010).

While both methods of practice have unique attributes, it is essential to realize that aspects of each respective method are vital to the progression and practice of design (a term which is meant as both architectural and urban design throughout this paper). Because cities are constantly evolving, so must the approach towards design as a means of responding and adapting to the environment for which change is intended. Therefore, the question is not which method is most appropriate, but rather which attributes of each are most appropriate to extend to a new level of design. Societies cannot afford to become one-dimensional for threat of becoming obsolete, hence some of the most prominent cities of today being extremely diverse and multi-faceted. With this in mind, a deeper look into how ethics and social implications influence design must be taken in order to create a synthesized method of design practice (Hoffman 1989).

2. ETHICS & THE EVOLUTION OF DESIGN

In past decades professionalism became heavily influenced by concerns of services and economics, and therefore became increasingly driven by policy and clientele as a successful responsive measure. Unfortunately, this caused a lack of emphasis on the social implications of their actions and disrupted the public's perception of the professional realm (Hoffman 1989). Issues such as professional self-interest, racial bias, and social status all became indicative of a purely professional sphere, which then ultimately prompted a response from the public for wanting an active change (Hoffman 1989). Because architecture and urban planning are innately based in both society and ethics, they are at the forefront of displaying how certain attributes of activism can play a significant role in positively altering the environment in which we live.

To clarify, that is not to suggest that the shift to take place ought to be from a professionally based practice to an activist one, but rather implement a sense of alchemy in current design practice to facilitate the evolution of a newly defined area of practice in which the virtues of both are taken into account. Ultimately, these ethical virtues are defined by Wasserman as lying at the basis of architectural design and can be defined as (Wasserman 2000):

- The fundamental intentions for design projects
- Architectural relationships and obligations that occur with numerous people in various circumstances [i.e. collaboration]
- Obligations to the natural environment [i.e. sustainability]
- Concerns relating to everyday life

Conversely, if no nexus is created then the result is an exponential separation that occurs when the professional sphere and public realm become further and further removed from one another, creating an exacerbating amount of tension (Peters 2010). It then becomes design's responsibility to establish this link that promotes the well-being of human kind (Wasserman 2000), which is precisely where design becomes interrelated with the medical profession in terms of professional comparison.

3. ESTABLISHING A NEXUS

With the promotion of well-being and ethics being common factors between design and medicine, there must also be similar characteristics within how each practice approaches its interaction with society. For instance, both physicians and architects/planners play large roles in the upbringing of their prospective practitioners, whether it is through academia or actual practice (i.e. internships, co-op, residencies). Each is also strongly reliant on the perception and implications of society, and can directly influence the success or failure of their relationship.

3.1 Scalar Approaches to Medical and Planning

Abraham Flexner's work on addressing the need for change in the medical profession emulates many of the issues that design is addressing today. In his research he distinguishes two countervailing types of medical professionals: the full-time academic physician-scientist and the practicing clinician (Hafferty 2010), which are analogous to design's 'professional' and 'activist'.

The most enticing aspect of his research, though, lies within the many similarities that he creates between the medical and design realms in terms of his scalar approach to analysis. As depicted in Figure 1, Flexner creates three primary scales of interrelated levels of analysis

within the medical profession: **micro**, **meso**, and **macro**. While interrelated, these layers are still unique due to each one appealing to its own specific user; micro being individual, meso being social networks/relationships, and macro being professionalism framed as a holistic social movement

(Hafferty 2010).

When comparing this to Allan Jacobs's approach to effective city planning, one cannot help but see the similarities emerge.

Jacobs writes of the 3 physical scales of a city as being 1) city as a whole 2)

neighborhood/district

and 3) individual site (Jacobs 2006). With these ideals in place, in addition to the similar significance of social and ethical consideration, it can be deduced that treatments within the medical sphere can be applicable to the design realm as valid solutions.

As Figure 1 is further analyzed, a theoretical model to analyzing professionalism is established and 7 primary classifications are determined, each one having its own amount social activity (see Table 1) (Hafferty 2010). Under 'Activist Professionalism,' the values of

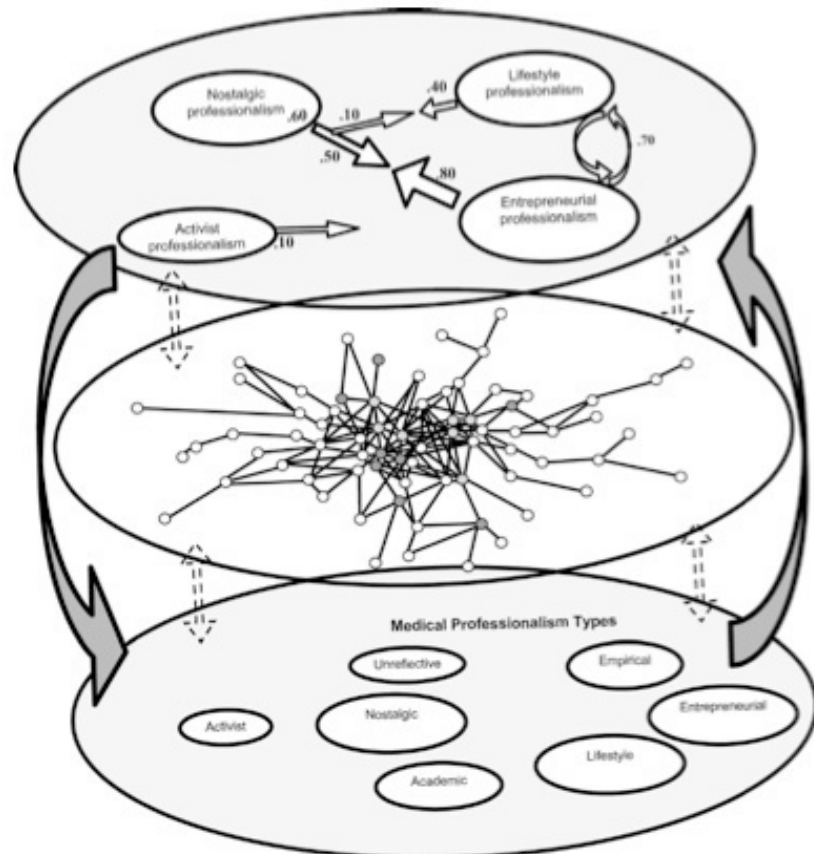


Figure 1: Professional Layers Diagram

work are prioritized and allude to the potential virtues of the proposed synthesis in the design realm.

TABLE 1:

The Seven Types of Medical Professionalism Arranged According to Their Approaches to 10 Key Aspects of Medical Work*							
Importance of different aspects of medical work	Types of professionalism and associated aspects of medical work						
	Nostalgic professionalism	Entrepreneurial professionalism	Academic professionalism	Lifestyle professionalism	Empirical professionalism	Unreflective professionalism	Activist professionalism
Most important	• Autonomy	• Commercialism	• Altruism	• Autonomy	• Autonomy	• Autonomy	• Social justice
	• Altruism	• Autonomy	• Interpersonal competence	• Lifestyle	• Technical competence	• Interpersonal competence	• Social contract
	• Interpersonal competence	• Technical competence	• Technical competence	• Personal morality	• Commercialism	• Personal morality	• Altruism
	• Personal morality	• Professional dominance	• Lifestyle		• Professional dominance	• Altruism	• Personal morality
	• Professional dominance				• Altruism		
Moderately important	• Social contract	• Lifestyle	• Personal morality	• Commercialism	• Social contract	• Technical competence	• Interpersonal competence
	• Social justice	• Personal morality	• Professional dominance	• Interpersonal competence	• Personal morality	• Lifestyle	• Technical competence
			• Social contract	• Technical competence		• Professional dominance	• Autonomy
			• Autonomy				
Least important	• Lifestyle	• Interpersonal competence	• Social justice	• Altruism	• Social justice	• Commercialism	• Lifestyle
	• Commercialism	• Altruism	• Commercialism	• Social contract	• Interpersonal competence	• Social justice	• Commercialism
		• Social justice		• Social justice	• Lifestyle	• Social contract	• Professional dominance
		• Social contract		• Professional dominance			

* The authors identified 10 key aspects of medical work (altruism, autonomy, commercialism, personal morality, interpersonal competence, lifestyle, professional dominance, social justice, social contract, and technical competence) and then arranged these within different clusters to identify seven types of professionalism. The authors add that these key aspects of medical work and types of professionalism are not the only ones worth examining. See the text for details.

3.2 Civic Professionalism + Governing Organizations

Some key factors of professionalism that must be considered in linking with activism are the governing organizations that professionalism applies to and is directly influenced by. Governing bodies such as institutions, legislature, code, and academia are all factors that inevitably relate to professionals and typically control a given product; however these entities tend to be avoided by more activist roles (Appleyard/Jacobs 1987). A way of remedying this inconsistency is through Civic Professionalism, as depicted by Scott Peters and Barbara

Holland. This notion essentially attempts to redefine the role of scholars in civic life and place professional roles “inside civic life rather than apart from or above it, working alongside their fellow citizens on questions and issues of public importance” (Peters 2010). It does so through the promotion of mutually beneficial exchanges and collaborations where the interaction becomes a focal point of practice, rather than a departure from the norm (Peter 2010). By basing professional roles around a public mission, both parties are enhanced as opposed to deterred, and inevitably benefit by improving civic life while ultimately allowing for a hybrid role to take place.

4. CONCLUSION: ACTIVIST-PROFESSIONAL: A HYBRID ROLE

This hybrid role of an activist-professional is essential to the progression of the design realm given the state of constant flux that our environment is constantly in. To have a static or un-synthesized classification of designer role is to have an insufficient means of responding to social needs. Through comparative efforts, strong correlations between the medical profession and design occupation help to suggest the proper methods of culminating 2 existing job descriptions into a more effective, and relevant alternative. Although doing so causes each side to compromise, it is mandatory that this newly emerging design role abides by both originating persuasions in order to stay true to its synthesis. Where conflicts arise one must evaluate its effects on all three scales, associate the most appropriate, assess both its ethical and social impacts, and determine its value to the professional realm (which includes governing organizations). By designers broadening their scope of work and clientele, it allows for a more diversified outcome. Now that an estimated 50% Architects’ time is spent outside of traditional building design, it is proof that this synthesis is on the brink of emerging (Wasserman 2000). Designers taking a proactive role within their professional

realm are suggestive of how contemporary times allow for individuals to vastly affect a larger percent of the population, thus exacerbating the amount of responsibility that exists within the design sphere. This in turn strengthens its impact on the world and can allow for a future that is not hesitant and/or reluctant to creatively solve challenges in a precise and expeditious manner. The influences from this are then exponential and contagious, and send a ripple affect through numerous other professional enclaves, ultimately promoting a more healthy, happy, and beneficial lifestyle.

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