

David Serlin*

THE SCENTS OF EMPATHY: HOW MUSSOLINI'S ARCHITECT TRANSFORMED ASYLUM DESIGN

ABSTRACT: This essay examines the co-evolution of designing psychiatric spaces and sensory experiences for patients imagined to be the beneficiaries of such spaces. In 1905, architect Marcello Piacentini proposed a campus for a new psychiatric asylum, *Il progetto Ophelia*, in the medieval town of Potenza in southern Italy, which deliberately deployed principles of sensory-oriented design for therapeutic purposes. Two decades later, Piacentini helped to convert the abandoned asylum campus into an administrative center for Benito Mussolini's Fascist government. Thinking about sensory design as a form of empathic architecture, I compare Piacentini's asylum with that of *Le centre de jour L'Adamant*, a day center for patients under psychiatric care that opened in 2010 on a floating barge on the Seine in central Paris. *Il progetto Ophelia* and *Le centre de jour L'Adamant* both enable historians and philosophers to wrestle with the possibilities and limitations of practicing an ethos of architectural empathy.

KEYWORDS: Piacentini, asylum, empathy, sensory, psychiatric

* David Serlin: Department of Communication, University of California, San Diego; dserlin@ucsd.edu.

This is an Open Access article under the terms of the Creative Commons Attribution-Non-Commercial-NoDerivatives 4.0 International License (<https://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial reproduction and distribution of the work, in any medium, provided the original work is not transformed in any way and is properly cited.

History hurts, but not only. It also engenders optimism and disappointment, aggressions that respond to the oppressive presence of what dominates or is taken-for-granted. Both emotions are responses to prospects for change.¹

INTRODUCTION

In 1905, a twenty-four-year-old Roman architect named Marcello Piacentini won the competition to design a new asylum to be built in Potenza, the capital city of the province of Basilicata in southern Italy (Figure 1). The *manicomio*—Italian for “asylum” but also used colloquially for “madhouse”—was created to care for people from across the region with what we would now identify as psychiatric or intellectual disabilities. Local boosters celebrated Piacentini’s winning design by christening it with the name *Il progetto Ophelia* (“The Ophelia Project”), reflecting popular associations between madness and, as one contemporary newspaper editor commented, “the delicate and blond female creation of Shakespeare.”² Piacentini’s winning design adapted features associated with asylums and hospitals that the young architect had visited in northern Italy. These sites deliberately deployed the principles of sensory-oriented design that draw upon the idea that stimulating a patient’s sensorium might result in a heightened awareness that, under the right conditions, could be therapeutic. For instance, Piacentini designed a utility tunnel below the *manicomio*’s north-south axis, which could be used for moving goods or laundry along a short railway track. The darkened tunnel also could be used for producing sensory experiences—sounds, smells, vibrations—to soothe the asylum’s most aggressive inmates.

Piacentini’s asylum design did not survive the economic fallout of World War I, which forced the provincial Basilicata government to abandon *Il progetto Ophelia*, leaving the site only half-finished and its architect’s full vision unfulfilled. Construction resumed on the site a decade later following the election of Benito Mussolini in 1922. Piacentini, now in his mid-40s and one of Il Duce’s favorites, was brought back to oversee the conversion of the campus into a regional center for the technocratic

¹ L. Berlant, “Two Girls, Fat and Thin,” in S. Barber, D. Clark (eds.), *Regarding Sedgwick: Essays on Queer Culture and Critical Theory*, Routledge, New York, 2002, p. 71.

² “Per Il Manicomio Provinciale in Potenza,” *Il Locano*, October 12–13, 1906, p. 1.



Figure 1. Stylized postcard illustrating the future “new provincial asylum” of Potenza embedded in a classical landscape. The postcard marks the laying of the manicomio’s foundation stone in September 1907, the centenary anniversary of Potenza becoming the capital of the province of Basilicata. Published by Fototipia Danesi, Roma, ca. 1907.

functions of the Fascist government.³ The original utility tunnel was renamed *Il Covo degli arditi*—"the den of the hardy ones"—and used to showcase the imperious Mussolini's collection of Rolls-Royce motorcars. Today, most of Piacentini's original buildings are still extant, having been converted into private houses and apartment buildings in the intervening decades. And despite the commercial development of the area just beyond the asylum's original boundaries, the footprint of the entire *Il progetto Ophelia* site remains surprisingly intact. How might one begin to make sense of the various architectural, political, and experiential entanglements that characterize the historical arc of this site—from award-winning asylum to fascist administrative center to private housing for local residents of Potenza?

When I first learned about Piacentini's *manicomio* about two decades ago, I assumed that the crux of its story was the degradation of Piacentini's initial concept—from an innovative campus designed for a maligned and mistreated population, to an administrative complex created for a political regime whose policies involved isolating, sterilizing, and euthanizing that same population. Beginning in the 1920s, the Italian Society of Psychiatry, which provided oversight for the construction of psychiatric asylums across Italy, became professionally aligned with the Fascist Party and implemented eugenical policies across its many platforms.⁴ Yet two decades earlier, Piacentini had demonstrated an unprecedented and remarkably sensitive architectural vocabulary at a time when the vast majority of comparable institutions throughout Europe and the United States were designed to discipline bodies into psychic and somatic submission. I became increasingly convinced that the central lesson of *Il progetto Ophelia* was about profound loss—specifically, the loss of a young person's empathy for vulnerable populations in need.

This essay is a meditation on the possibilities, as well as the limitations, of practicing an ethos of architectural empathy. I follow the

³ For more about architecture and urbanism during the Fascist period, see, for example, R. Etlin, *Modernism in Italian Architecture, 1890–1940*, MIT Press, Cambridge, Mass., 1991, and, more recently, P. Nicoloso, *Mussolini, Architect: Propaganda and Urban Landscape in Fascist Italy*, University of Toronto Press, Toronto, 2022. See also I. G. Galán, *Furnishing Fascism: Modernist Design and Politics in Italy*, University of Minnesota Press, Minneapolis, 2025.

⁴ See "Schedati, perseguitati, sterminati: i malati psichici e disabili durante nazionalsocialismo e fascismo," *Disabili Online* (26 June 2019), <https://www.disabili.com/amici-e-incontri/articoli-amici/schedati-perseguitati-sterminati-i-malati-psichici-e-disabili-durante-nazionalsocialismo-e-fascismo> (accessed 20 June 2026).

co-evolution of designing psychiatric spaces and sensory experiences, for those imagined to be the beneficiaries of such spaces, from the early twentieth century to the contemporary moment. The essay is divided into four parts. In the first part, I provide a historical overview of sensory-oriented design and its relationship to architectural empathy. In the second, I trace the specific contours of the sensory design elements Piacentini used for *Il progetto Ophelia* as compared to those of other psychiatric spaces in Italy. In the third part, I provide a point of contrast with *Il progetto Ophelia* by examining a contemporary architectural project that also deploys sensory design: *Le centre de jour L'Adamant* (the Adamant Day Centre), a non-residential psychiatric space for adults that opened in 2010 on a decommissioned barge floating on the Seine in central Paris. In the fourth and concluding section, I take a step back and reflect on how a century of empathic design – bookended by psychiatric spaces like *Il progetto Ophelia* and *Le centre de jour L'Adamant*—enables historians and philosophers to wrestle with the meaning of architectural empathy itself, especially since psychiatric spaces have a specific set of histories, very few of which have been uniformly positive or even remotely empathic.

Thinking retrospectively about *Il progetto Ophelia* provides a window on the early neglected work of a controversial figure within the history of Italian architecture. Despite being the front cover subject of the December 1906 issue of *L'Architettura italiana*, the country's most prestigious publication for professional architects, Piacentini's *manicomio di Potenza* has not been cited in any significant historical or curatorial interpretations of the architect's life and work.⁵ Whether this is due to the site's obscurity, its lack of documentation, or simply because its design is so outside of the recognizable gestalt of Piacentini's reputation as an architect of Italian fascism is unclear.⁶ *Il progetto Ophelia* also gets short shrift in histories of psychiatric architecture and histories of public health in Italy at both the regional and national levels. Yet one could argue that Piacentini's decision to apply sensory design elements to psychiatric spaces is not only significant for understanding the trajectory of Piacentini's

⁵ C. Crudo, "Manicomio di Potenza," *L'Architettura italiana*, 3, 1906, pp. 9–11.

⁶ Most scholarship on Piacentini tends to focus on his work in the 1920s, by which point his reputation throughout Italy was well-established and the *manicomio* in Potenza was forgotten. Even when the asylum is referenced, it tends not to rate scholarly attention as either genealogically linked to Piacentini's later work or as significant in its own right. See, for example, *Marcello Piacentini Architetto 1881–1960*, G. Ciucci, S. Lux, F. Purini (eds.), Gangemi Editore, Rome, 2012.

career. It is also an historically significant example of architecture's capacity to embody multiple and often contradictory forms of modernity. Piacentini's design for *Il progetto Ophelia* provides a provocative case study for what anthropologist Lisa Rofel described over a quarter of a century ago as the phenomenon of "discrepant modernities." Rofel argues that modernity is not a singular or universally applicable blunt-force instrument; it is "something people struggle over because it has *life-affirming* as well as *life-threatening* effects. This struggle is what people share, like the floor of a boxing match (including fixed bets and outcomes), rather than a universal form with its local particulars."⁷ Rofel's characterization of modernity as something "*life-affirming* as well as *life-threatening*" and something case-specific rather than universal is productive for thinking about asylum architecture's multiple and often contradictory spatial, material, and philosophical relationships to the practice of empathy. As I will show, the discrepant modernities embodied in *Il progetto Ophelia* provide a multilayered approach to understanding the seeming incompatibility of empathy within the conventional architectural logics of the *manicomio*.

I. SENSORY DESIGN AS A MEDIUM OF ARCHITECTURAL EMPATHY

Empathy is sometimes defined as a two-way form of mutual learning between two entities, each of whom contributes to a shared emotional or psychic transformation. But empathy is not just the feeling of compassion or sensitivity for another person's condition. Empathy is a type of emotional circuitry, a medium through which two entities develop an empathic bond. It may be a word, a glance, a nod, a pat on the shoulder, a kiss on the forehead—or, as Marcello Piacentini proposed through the campus of *Il progetto Ophelia*, an invitation to occupy and encounter space in ways that make full use of the sensorium.

Most historians of architecture and historians of disability—and those who have synthesized both of those areas of scholarship together—do not find much evidence of empathy in nineteenth- and twentieth-century psychiatric asylums.⁸ Institutions of care have a complex historical

⁷ L. Rofel, "Discrepant Modernities and Their Discontents," *positions*, 9, 3, 2001, p. 638, emphasis mine.

⁸ For some prominent examples of this scholarship, see L. Topp, "An Architecture for Modern Nerves: Josef Hoffmann's Purkersdorf Sanatorium," *Journal of the Society of Architectural Historians*, 56, 4, 1997, pp. 414–437; L. Topp, *Freedom and the Cage: Modern*

relationship to empathy because of the ways that care is practiced through the application of medical expertise, and often through coercive means in isolated and controlled settings. In the 1970s, disability rights activists identified this approach as the medical model of disability, one sharply critical of the helping professions. For activists, medical interventions that attempt to “fix” individuals violate principles of autonomy and dignity and consent. This is why disability critiques of asylum, hospital, and clinical architecture have been and remain deeply suspicious of the often-ahistorical claims of empathic design.

The rise of such institutions since the eighteenth century is a spatial manifestation of these interventions, which can be seen in different medical, psychiatric, and prison contexts. This is especially true in examples of urban planning where the spatial segregation of incarcerated people to the outermost rings of a metropolitan region was standard practice for decades. By the early twentieth century, asylum architecture served as the central medium in implementing and maintaining eugenic-oriented policies.⁹ As Sarah Whitt, Traci Brynne Voyles, and Susan Burch have discussed in their overview of psychiatric asylums for indigenous people in the United States,

Medical reports systematically uncouple people from the space holding them, the material realities of their lives [...] [L]ocked wards, the hallways and bedrooms, are rendered invisible; staff members’ medical gaze appears in institutional files as objective and unplaced [...] [C]onfinement within a psychiatric institution becomes itself justification for sustained detention and an eclipsing lens through which they are judged and documented. The process of institutionalization and institutional reporting—by design—edits out moments of agency and personhood.¹⁰

Architecture and Psychiatry in Central Europe, 1890–1914, Pennsylvania State University Press, University Park, 2017; C. Yanni, *The Architecture of Madness: Insane Asylums in the United States*, University of Minnesota Press, Minneapolis, 2007; M. Rembis, *Disabling the Poor: The Insane, the Feeble-minded, and the Bureaucratic State in the Early Twentieth Century*, Palgrave, New York, 2011; A. Hamraie, *Building Access: Universal Design and the Politics of Disability*, University of Minnesota Press, Minneapolis, 2017; and B. Williamson, *Accessible America: A History of Disability and Design*, New York University Press, New York, 2019.

⁹ See, for example, A. Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*, University of California Press, Berkeley, 2005.

¹⁰ S. Whitt, T. Brynne Voyles, and S. Burch, “Settler Ableism: Indigeneity, Unsettling the Archive, and Accountability in History,” in J. L. Barclay, S. Huntington-Kennedy (eds.),

If evidence of architectural empathy, or any kind of empathic practice, in such institutional spaces is noticeably lacking, evidence of sensory design used in the service of architectural empathy would seem to be lacking as well. But sensory design builds upon thousands of years of using architecture to engage the human body through multisensory means in order to produce particular affective responses. As architectural historian Bernard Rudofsky showed six decades ago, those who have built and occupied spaces in disparate geographies and climates have long understood the porousness of the human sensorium, whether for physical comfort or aesthetic appreciation or metaphysical inspiration.¹¹ For thousands of years, sensory-oriented design has included manipulation of light and air in religious and community buildings, herbal gardens for controlling and purifying odors, the uses of inner rooms, courtyards, and roofs for absorbing and dispersing heat, and the development of ventilation systems for bringing fresh or conditioned air into offices, apartments, and private homes.¹² Despite these legacies, sensory design is often mischaracterized as a type of design novelty. The Minnesota-based company, St. Croix Sensory, for instance, has been for nearly five decades at the vanguard of using sensory design in commercial applications as varied as museums, department stores, and carnival entertainments. These are forms of immersive theatre that are not unlike those nineteenth-century popular spectacles that used environmental effects like scent and temperature alongside sight and sound to make historical events like the eruption of Mount Vesuvius or the San Francisco earthquake into embodied, multidimensional experiences.¹³

In recent years, many scholars have “rediscovered” sensory design, often drawing upon the work of philosophers like Maurice Merleau-Ponty, Gaston Bachelard, and Yi-Fu Tuan.¹⁴ Architectural theorists such as Ju-

Crippling the Archive: Disability, History, and Power, University of Illinois Press, Urbana, 2025, p. 197.

¹¹ B. Rudofsky, *Architecture Without Architects: A Short Introduction to Non-Pedigreed Architecture*, University of New Mexico Press, Albuquerque, 1987.

¹² D. Gissen, *Subnature: Architecture's Other Environments*, MIT Press, Cambridge, Mass., 2013.

¹³ See A. Friedberg, “The Mobilized and Virtualized Gaze in Modernity: Flâneur/Flâneuse,” in N. Mirzoeff (ed.), *The Visual Culture Reader*, 3rd ed., Routledge, New York, 2012, pp. 395–404.

¹⁴ See, for example, M. Merleau-Ponty, *Phenomenology of Perception*, Routledge, London, 2007; G. Bachelard, *The Poetics of Space*, Beacon Press, Boston, 1994; Y. Tuan, *Space and Place: The Perspective of Experience*, University of Minnesota Press, Minneapolis, 2001. For some contemporary examples, see P. Devlieger, F. Renders, H. Froyen, and K. Wildiers

hani Pallasmaa, Peter Zumthor, and Jorge Otero-Pailos have championed forms of sensory design as a direct challenge to modernist minimalism or postmodern irony by rescuing experiential dimensions of knowing and navigating a space from the machinations of the merely functional.¹⁵ Architectural historian Barbara Penner describes how adapters of design principles in the 1980s that sought to be more inclusive of different kinds of user experiences often used the word “empathy” as if discovering that concept for the first time.¹⁶ Still, for mainstream or conventional architects, sensory design, especially when it foregrounds and/or emphasizes unconventional uses of smell, touch, and taste, continues to be an outlier. As architectural theorist Bruce Mau has argued, “We have allowed two of our sensory domains—sight and sound—to dominate our design imagination. In fact, when it comes to the culture of architecture and design, we create and produce almost exclusively for one sense—the visual.”¹⁷

Sensory design is arguably the most recognizable form through which architectural empathy is expressed—not only in its capacity to produce emotional or psychological effects but to make palpable an empathic connection between the architect and their user. Some emerge from classical or neoclassical designs that sought to give spiritual and metaphysical heft to the experience of space, such as the oculus of the Roman Pantheon’s great rotunda (CE 126) that allows in every type of light and weather, or the convex proportions of the “whispering gallery” at St. Paul’s Cathedral in London (Christopher Wren, 1710). The sensorial properties of these architectural feats have been replicated for centuries in private and public spaces across the globe. One could see similar metaphysical efforts in the light emerging from a slender wall-sized crucifix floating behind the altar of the Church of the Light in Ibaraki, Japan (Tadao Ando, 1989),

(eds.), *Blindness and Multisensorial City*, Garant, Antwerp, 2006, and V. Henshaw, *Urban Smellscapes: Understanding and Designing City Smell Environments*, Routledge, London, 2013.

¹⁵ See, for example, J. Pallasmaa, *The Eyes of the Skin: Architecture and the Senses*, John Wiley and Sons, New York, 2005; P. Zumthor, *Atmospheres*, Birkhäuser, Boston, 2005; and J. Otero-Pailos, *Architecture’s Historical Turn: Phenomenology and the Rise of the Postmodern*, University of Minnesota Press, Minneapolis, 2010. See also D. Serlin, *Window Shopping with Helen Keller: Architecture and Disability in Modern Culture*, University of Chicago Press, Chicago, 2025, pp. 1–29.

¹⁶ B. Penner, “From Ergonomics to Empathy: Herman Miller and MetaForm,” in *The Routledge Companion to Design Studies*, P. Sparke, F. Fisher (eds.), Routledge, New York / London, 2016, pp. 269–281.

¹⁷ Mau (2018), quoted in C. Spence, “Senses of Place: Architectural Design for the Multisensory Mind,” *Cognitive Research: Principles and Implications*, 5, 46, 2020, p. 2.

a work of sensory design embedded in remarkable feat of modern concrete engineering. The Jewish Museum Berlin (Daniel Libeskind, 2001) famously contains spatial “voids” reflecting the disappearance of Jewish community and memory that culminate in its 80-foot-high Holocaust Tower, designed deliberately to deprive visitors of warmth in winter or cooling effect in summer. The Sea Organ in Zadar, Croatia (Nikola Bašić, 2005), encourages visitors to lay down upon giant marble steps that sit above underwater intake pipes, which transform the kinetic motion of ocean waves into sound.

Other contemporary architectural projects use sensory design for health and pedagogy-oriented purposes. These include the physical application of healing plants, herbs, and botanical oils to the walls and interiors of hospitals and clinics—what Lance Hosey, the late architect and proselytizing proponent for sensory design, once called “medicinal urbanism.”¹⁸ The Hazelwood School in Glasgow (Gordon Murray + Alan Dunlop, 2008), a state school designed for deafblind students, uses sunlight and color as well as curvilinear walls textured with applied cork to enable students to “trail” (navigating through their sense of touch) the school’s layout, independent from helpers or parents or other forms of adult supervision.¹⁹ Similar uses of sensory design to facilitate navigation can be found in public projects like *La Biblioteca para Ciegos y Débiles visuales* (Library for the Blind and Visually Impaired) in Mexico City (Mauricio Rocha + Gabriela Carrillo, 2013), where textures and vibrations help differentiate transitions and thresholds from other library functions. “We do not design solely for the blind, or for the sighted,” Carrillo reflected in 2020, “but to maintain that attention to the senses.”²⁰

2. SENSORY DESIGN COMES TO THE *MANICOMIO*

Beginning in the eighteenth century, sensory designs were increasingly used in hospital settings for the wealthy, just as they were for their elite counterparts, for the purposes of producing experiences for aesthetic or metaphysical sublimity. Alvar Aalto’s famous Paimio Clinic in Paimio, Finland (1929) is typically cited as a modernist masterpiece of sensory

¹⁸ L. Hosey, “Scent and the City,” *New York Times*, October 25, 2013, Section SR, p. 12.

¹⁹ For more about Murray and Dunlop’s approach to the design of the Hazelwood School, see <https://www.idesignawards.com/winners-old/zoom.php?eid=2509-08> (accessed 20 June 2026).

²⁰ G. Carrillo, “Building for the Blind,” *The Architectural Review* (April 2020), <https://www.architectural-review.com/buildings/building-for-the-blind> (accessed 20 June 2026).

design given its focus on plentiful sunlight, open-air terraces, and molded plywood furniture that enabled improved breathing for its tubercular patients. But such spaces targeted upper-middle-class users, those who already enjoyed design as part of their cultural entitlement. By contrast, architectural forms used in public psychiatric asylums were characteristically aligned with a worldview governed more by Benthamite rationality rather than by Lockean sensuality, which had been so central to empirical sciences of the Enlightenment era. Sensory-oriented designs for people who we might identify today as neurodivergent or neuroatypical, such as “hugging” furniture for people on the autism spectrum, is a fairly recent turn in contemporary practice.²¹

Piacentini’s revolutionary move was to make sensory design a component of the experience of *Il progetto Ophelia* for all users regardless of their status (Figure 2). His design aspired to facilitate the ideal spatial and sensorial conditions under which a person might encounter and confront their own emotional and psychic inner life. Piacentini was inspired by institutions in central and northern Italy that were seen as models of modern care. Many psychiatric asylums outside of cities like Turin, Bologna, and Florence were decentralized and organized around a “campus” layout with inmates housed in separate buildings (as opposed to one large building) attached to landscaped gardens and other areas for supervised walks and contemplation.²² These were institutions that built upon traditional scholastic and ecclesiastical architecture with colonnades facing a central piazza or quadrangle.²³ For Piacentini, techniques of sensory design were intended to engage the promises of scientific modernity and draw attention to the project’s profile within contemporary urban planning

²¹ See, for example, C. Josefson, “Toward a Neuroinclusive Culture: Designing Neuroinclusivity with Triple Empathy Theory,” *Disability & Society*, 40, 9, 2025, pp. 2588–2611. See also H. Hummerstone and S. Parsons, “Co-Designing Methods with Autistic Students to Facilitate Discussions of Sensory Preferences with School Staff: Exploring the Double Empathy Problem,” *International Journal of Research & Method in Education*, 46, 1, 2023, pp. 70–82.

²² Turin’s facility was designed from the ground up in 1899, while Bologna’s facility was repurposed from an existing eighteenth-century monastery. See A. Cerea, “L’Istituto Medico-Pedagogico Emiliano: Da San Giovanni in Persiceto a Bertalia,” in *La Scienza dell’Infanzia a Bologna-Ricerca Idee Salute Mentale Emilia-Romagna* (2011–2013), <http://www.risme.cittametropolitana.bo.it/mente-salute-mentale-percorsi/storia-infanzia-bologna/istituto-medico-pedagogico-emiliano.html> (accessed 20 June 2026).

²³ This was something of a self-referential carnival mirror, since many of these designs in central and northern cities like Turin and Florence were rediscoveries, by Palladio, of classical architecture in ancient Rome.



Figure 2. Perspective view (*veduta prospettica*) of the proposed “Manicomio di Potenza” designed by Marcello Piacentini and engineered by Giuseppe Quaroni, ca. 1905. Published in *L'Architettura italiana*, vol. 2, table XVII, C. Crudo & Co., Torino, 1907.

circles. This is because *Il progetto Ophelia* was designed as an institution of broad public welfare that included many different populations in need, not just patients in a “madhouse.” Even as a young and still-inexperienced architect, Piacentini was committed to making what the historian Gianna Frosali has called “urban interventions.”²⁴ According to archivist Clementina Barucci, Piacentini had a long and abiding interest in architecture’s relationship to urban form and urban culture.²⁵ He was deeply influenced by Renaissance heavyweights like Filippo Brunelleschi, the architect of St. Peter’s Square at the Vatican, and Andrea Palladio, whose neoclassical forms influenced architecture across Europe for centuries.²⁶ Even the perspective drawings offered a neoclassical-inspired callback to an earlier era when architects and planners were trained to think of forms of multisensory design as foundational to an active public architecture.²⁷

Drawing upon Renaissance philosophies of humanism that were central to the education of Italian architecture students in the late nineteenth century, Piacentini sought to produce therapeutic conditions through garden design, building arrangements, and underground infrastructure. He recognized that making the *manicomio* a visible part of the general urban fabric—any travelers by train or horse-drawn carriage would see a new modern facility—would enable informed viewers to associate his work with a type of urbanity derived from the aspirations of his Renaissance heroes. Piacentini, in other words, was not only designing architecture to be used materially by a specific population; he was also designing architecture to be used symbolically for a general population of a long neglected and impoverished region of Italy. Working with structural engineer Giuseppe Quaroni, Piacentini laid out a formal campus design that looked nothing like the medieval town atop Potenza’s ancient hilltop. This brought an air of modern architectural sophistication to an economically challenged province of Italy deprived of the celebrated urbanities of southern Italian cities like Rome, Naples, and Bari.

²⁴ G. Frosali, “Il ‘Fondo Piacentini’ alla Facoltà di Architettura di Firenze,” in *Marcello Piacentini Architetto 1881–1960*, p. 333.

²⁵ C. Barucci, “La Biblioteca di Marcello Piacentini,” in *Marcello Piacentini Architetto 1881–1960*, pp. 72–83.

²⁶ See C. Stevenson, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660–1815*, Yale University Press, New Haven, 2000.

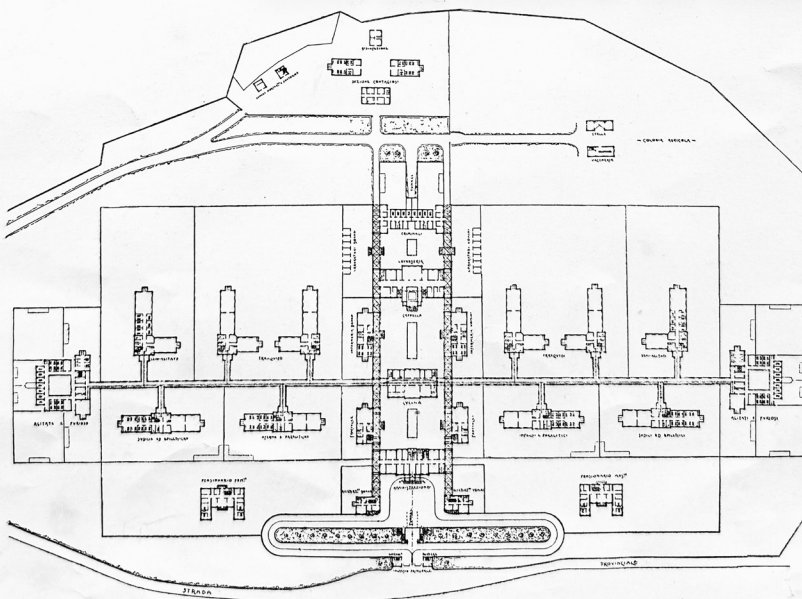
²⁷ See, for example, C. Classen, “Museum Manners: The Sensory Life of the Early Museum,” *Journal of Social History*, 40, 4, 2007, pp. 895–914; and F. Candlin, *Art, Museums, and Touch*, Manchester University Press, Manchester, 2010.

Piacentini's design followed a cruciform shape, with the north-south axis centering administrative functions and the east-west axis housing asylum residents in buildings positioned at intervals, their distance from the administrative center a reflection of their occupants' relationship to their diagnosed conditions (Figure 3). Separated by gender, with women to the west and men to the east, capacity for the asylum's total population was imagined for a maximum of 300 residents, or 150 adults of each gender.²⁸ Along the north-south axis were the asylum's "core" institutional functions including laboratories, laundry, kitchen, chapel, and administrative offices for psychiatrists and their support staff. Here one would also find designated spaces for housing inmates who had committed petty crimes and inmates treated for temporary bouts of illness. Directly to the south of the guarded entrance were gender-segregated buildings for old-age pensioners, while directly northwest of the administration were outbuildings for isolating those with contagious illnesses as well as disinfection rooms, a mortuary, and an anatomical clinic.

Each building along the east-west axis of *Il progetto Ophelia* had its own identity and contained private gardens, courtyards, and walkways – some more segregated than others, depending on the psychological profile of the inmates – that were intended to approximate the flow of urban apartment complexes and housing estates. The journal *L'Architettura italiana* shared how Piacentini had aligned the location of each buildings with their intended residents: the *agitati e furiosi* ("violent and enraged"), *sudici* ("filthy"), *epilettici* ("epileptic"), *semi-agitati* ("semi-violent"), *tranquili* ("peaceful"), *infermi e paralitici* ("sick and paralyzed"). The *agitati e furiosi* of each gender were positioned furthest from the administrative center as possible, while the *infermi e paralitici* of each gender were positioned the closest, reflecting a spatial hierarchy of proximity to danger and safety derived from the layouts of urban prisons and hospital wards. As Cristoforo Crudo, the noted Italian architecture critic, observed in 1906,

The wards for the *paralitici*, *infermi*, *sudici*, and *epilettici* were arranged toward the provincial road and those for the *tranquili* and *semi-agitati* patients are placed towards the rear, near the railway; in

²⁸ C. Crudo, "Manicomio di Potenza," p. 9. See also M. Piacentini and G. Quaroni, "Ancora sull'architettura manicomiale," *Bollettino della Società degli Ingegneri e degli Architetti italiani*, 14, 1906, pp. 700–703.



Planimetria generale.

ARCH. M. PIACENTINI E ING. G. QUARONI.

CRUDO E LATTUADA, EDITORI - TORINO.

Figure 3. General plan (*planimetria generale*) for the "Manicomio di Potenza." The utility tunnel runs underneath the north-south axis at the center of the image. Published in *L'Architettura italiana*, vol. 2, table XVII, C. Crudo & Co., Torino, 1907.

this way, the unpleasant possibility of hearing the patients' shouts from the provincial road is avoided, while the patients themselves can enjoy maximum freedom in the rear section of the facility.²⁹

It is hard to say with absolute certainty how these designations translate into a twenty-first-century context without speculation. Some seem less ambiguous than others; for example, at the center of the cruciform where the axes meet were dormitories for male and female children with what today we might identify as intellectual or developmental disabilities. They were identified unapologetically in the brutal eugenics-informed language of the era as *deficienti* or *idioti*. Other categories of diagnosis are ontologically unstable, though they are always a window, however opaque, into the presumptions of medical science. Yet one could argue that, even within the expected conventions of the *manicomio*, Piacentini understood that a spectrum of behavioral or psychological differences could be physically addressed and experienced through a spatial framework. Beyond landscaping, each of the buildings could be tuned to the most characteristic traits associated with the individuals identified by these diagnostic categories. This produced small-scale domestic buildings of no more than three floors, with high ceilings, abundant windows and ventilation, and bathing and toilet facilities that were more upscale apartment living than austere hospital ward.

Piacentini's attempt to align physical space and physical experience in a kind of one-to-one relationship has dual implications for thinking about reconstructions of architectural empathy. His designs simultaneously register a form of humanistic recognition of embodied difference at the same time that they register a form of scientific control. Perhaps the most profound example of this is in the utility tunnel that, although blocked off, still runs below the north-south axis of the site (Figure 4). When it was not being used for transporting goods, food, or laundry, or other care functions necessary for long-term institutions, the tunnel was emptied of railroad cars and service workers and temporarily converted into an enclosed theater of sensory design intended to address behavior perceived as dangerous or violent.³⁰ Lined in white ceramic tiles that could be cleaned and sterilized as needed, the tunnel was used to

²⁹ C. Crudo, "Manicomio di Potenza," p. 10.

³⁰ M. Piacentini, "Il progetto premiato pel manicomio di Potenza," *Bollettino della Società degli Ingegneri e degli Architetti italiani*, 14, 37–38, 1906, pp. 556–565.



Figure 4. View of the utility tunnel built along the north-south axis of *Il progetto Opbelia*, used for producing therapeutic sensory encounters when it was not being used for transporting goods or food or laundry. Photograph by David Serlin, late July 2021.

introduce *agitati e furiosi* to vibrations or sounds or smells associated with sweetness and calm—an immersive albeit controlled environment that functioned as the equivalent to the gardens and courtyards adjacent to each building across the entire campus. The tunnel was thus not a space of punishment but one of potential enlightenment; not a space of sensory deprivation but one of sensory *abbondanza*.

It may be true that Piacentini did not design *Il progetto Ophelia* merely to produce sensorial designs for aesthetic purposes; instead, it was a means to an end, a confirmation of professional expertise in the service of psychiatric treatment. But it was also an interpenetration between and across discrepant modernities that coexisted temporally and spatially in the same site. Even if some of Piacentini's designs for psychiatric space resonated with some forms of eugenicist thinking, his use of sensory elements also arguably planted the seeds for forms of empathic attunement to neurological and cognitive differences that would not blossom until many decades into the future. For about five years—from about 1910 to 1915—the first phase of *Il progetto Ophelia* served as both model and conduit for architectural empathy in the most unlikely of places, influencing not only the campus as a physical site but also how it might look, feel, smell, and sound for its residents.

3. ARCHITECTURAL EMPATHY FROM OPHELIA TO ADAM

During the 1970s, the Italian psychiatrist and mental health activist Franco Basaglia successfully led a national movement to shut down any institutions across Italy that still used barbaric treatments on psychiatric patients, the legacy of many *manicomi* that survived into the last quarter of the twentieth century.³¹ Basaglia's anti-institution movement was instrumental in passing legislation in 1978, known colloquially as "the Basaglia law," that closed psychiatric asylums and mandated better care for people with psychiatric and mental disabilities. Key to their long-term health, Basaglia argued, were adaptive living arrangements, intimate group structures, and involvement by local housing authorities and community centers in the daily lives of former asylum inmates. Basaglia believed that former patients could be integrated back into the society that once shunned them. For Basaglia, empathy for people in need was not

³¹ For a broad overview of Basaglia's remarkable career, see J. Foot, *The Man Who Closed the Asylums: Franco Basaglia and the Revolution in Mental Health Care*, Verso, New York, 2015.

something that could be delivered, like a package. It was a modulation of feeling across an entire society capable of accommodating multiple subjectivities into a reciprocal framework.

Basaglia's efforts spawned anti-asylum movements across the globe, some of which have resulted in architectural projects around the world—group housing, schools, community centers, and urban planning schemes—created with a range of users and users' needs in mind. Many of these revisit the possibilities of using sensory design in service of a more empathic architecture. One of the most celebrated of these in recent years has been *Le centre de jour L'Adamant* (the Adamant Day Centre), a repurposed decommissioned barge that serves as an outpost of the Hôpitaux Paris Est-Val de Marne health authority.³² *L'Adamant* is the outgrowth of France's own history of deinstitutionalization, which began in earnest after World War Two with what has come to be known as the "sectorization" of mental health—the relocation of psychiatric care from national or regional asylums to community-based centers within local "sectors" in larger towns and cities.³³ Between 2005 and 2010, the architectural firm Seine Design followed the mandate to sectorization by planning and building a structure that would serve the people of the first four *arrondissements* of central Paris. As a site that incorporates elements of empathic architecture, *L'Adamant* remains a dynamic artifact of collaboration between designers, staff psychologists and social workers from Val de Marne's psychiatric outpatient services, and the local residents who spend time there every day.

In Nicolas Philibert's award-winning 2023 documentary *Sur L'Adamant*, viewers become familiar with the barge's three-story structure, shaped like a barbell clad in layers of warm, sun-bleached wood, that rocks gently on the Seine and provides wrap-around terraces for sitting, talking, or staring out across the water³⁴ (Figure 5). Large, communal

³² V. Tischler, "L'Adamant: All Aboard the Art Barge," *The Psychologist*, 26 June 2025, <https://www.bps.org.uk/psychologist/ladamant-all-aboard-art-berge> (accessed 20 June 2026).

³³ For further information about France's history of deinstitutionalization, see for example F. Petitjean, "The Sectorization System in France," *International Journal of Mental Health*, 38, 4, 2009. For a comparison between France's approach to deinstitutionalization and those of other nations, see I. Perera, *The Welfare Workforce: Why Mental Health Care Varies Across Affluent Democracies*, Cambridge University Press, New York, 2025, esp. pp. 116–155.

³⁴ N. Philibert dir., *Sur L'Adamant*, TS Productions and France 3 Cinéma, distributed by Les Films du Losange, 2023.

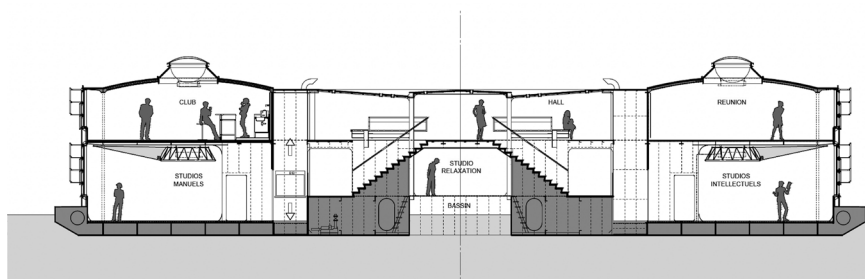


Figure 5. Schematic cross-section showing the various functions across the three floors of *Le centre de jour l'Adamant* barge. Illustration by Seine Design, Paris, ca. 2005. Reproduced with the permission of Seine Design.

group spaces occupy the center of the main floor directly near the entrances, stairs, entrance ramps, and elevator. Small, intimate spaces, which are divided into wedge-shaped rooms for small group activities, occupy the three floors of the convex barbell ends. Communal spaces can be rearranged as needed, offering a sense of flexibility within a sense of permanence—an important feature for a population that has often experienced spatial insecurity. All of the outward-facing rooms of the barbell-shaped wings are fitted with small square working windows that can be darkened by using individual shutters. When opened and closed, the shutters suggest eyelids that telegraph the thoughts of a curious consciousness that lies within.

There are many parallels one could draw between *Il progetto Ophelia* and *L'Adamant* beyond their respective uses of sensory design. Both were mandated as public projects that reflect the responsibility of these two European nations to its citizens. There was no universal health care in either Italy or France in the early twentieth century, but there was a firmly established tradition of local care that long preceded the era of the welfare state. Both projects fulfill this tradition as well as the value of treating architecture as a space devoted to the public good in the era of deinstitutionalization and sectorization. Both also recognize institutions of care as part of the urban fabric. The launch of *L'Adamant* followed decades of reform in mental health treatment and education across Europe that would have been simply unimaginable to Piacentini or medical professionals of his generation.

The differences between these two institutions separated by a century are, of course, profound. Inmates of *Il progetto Ophelia* may have been introduced to sensory design elements as part of a therapeutic program, but they lived in an era long before the arrival of therapeutic design in the form of pharmaceutical drugs. There was no benzodiazepine for the *agitati*, no chlorpromazine for the *furiosi*, and no gabapentin for the *paralittici*. Access to medication has changed the lives of those who use *L'Adamant*, enabling people to move between public and private worlds and obviating arguments for spatial segregation. The presence of pharmaceuticals or the barge itself does not resolve long-standing feelings of isolation and erasure among disabled people, what pioneering disability activist and scholar Paul Longmore once called “social death.”³⁵ But the

³⁵ P. Longmore, *Why I Burned My Book and Other Essays on Disability*, Temple University Press, Philadelphia, 2003, p. 167.

distinctive presence of *L'Adamant*—which sits on the Seine perpendicular to the Pont Charles de Gaulle – works to destigmatize the association between that which is private or hidden and that which can be seen safely inhabiting public space (Figure 6).

L'Adamant's commitment to architectural empathy also follows from a particular set of accomplishments in the historical evolution of disabled design. Accessible architecture as we have come to think about it could only emerge after there was an acknowledgment between the designer(s) doing the work and the recipient(s) of that work. In the 1970s, at approximately the same time that Basaglia was agitating for the closure of asylums across Italy, Raymond Lifchez, a professor of architecture at the University of California, Berkeley, was working with disabled designer(s) and recipient(s) who came from the same communities of Berkeley and Oakland.³⁶ As Ignacio G. Galán has described, their architectural interventions *in situ*—newly built or rebuilt spaces and devices for sleeping, cooking, toileting, or lounging in group homes and apartments, as well as curb cuts carved into city streets—were the direct result of an understanding between designers and users in a mutual co-construction of space.³⁷ Disabled people were the subjects, the objects, and the mediums through which dialectical forms of architectural empathy took shape.

Newspapers in early-twentieth-century Potenza promoted *Il progetto Ophelia* as the “delicate and blond female creation of Shakespeare,” conjuring a respectable metonym to stand in for the madness of its proposed inmates. The name *L'Adamant* seems to have two different, and somewhat competing, origin stories. Some journalists claimed that the name derived from workshop discussions during which the prospective users of the barge advocated for a combination of *adamantine*, the “heart” of a diamond, and *amant*, the French word for lover.³⁸ Others have claimed that prospective users and staff lobbied equally to name the barge in honor of Stuart Goddard, aka Adam Ant, the charismatic lead singer

³⁶ R. Lifchez and B. Winslow, *Design for Independent Living: The Environment and Physically Disabled People*, University of California Press, Berkeley, 1979.

³⁷ See I. G. Galán, “Unlearning Ableism: Design Knowledge, Contested Models, and the Experience of Disability in 1970s Berkeley,” *Journal of Design History*, 36, 1, 2022, pp. 73–92. For further discussions about Lifchez's impact see also B. Williamson, *Accessible America*, and A. Hamraie, *Building Access*.

³⁸ A. Martinez, “L'Adamant, l'hôpital psychiatrique sur la Seine,” *Infirmiers*, 17 January 2011, <https://www.infirmiers.com/profession-ide/ladamant-lhopital-psychiatrique-sur-la-seine> (accessed 20 June 2026). Originally published in *MNH Revue : Le magazine d'information de la MNH* 170 (November 2010).



Figure 6. View of *Le centre de jour l'Adamant* barge in the foreground, which sits permanently anchored on the Seine and is shown here perpendicular to the Pont Charles de Gaulle. Photograph by Sergio Grazia, ca. 2019. Reproduced with the permission of Seine Design.

of the 1980s glam-pirate punk band Adam and the Ants who has lived openly with a bipolar condition since the 1990s.³⁹ Whether one or both stories are true, the references to lovers and rock stars and pirates reflect the countercultural (and deliberately non-medicalized) flavor of *L'Adamant*, especially given the preponderance of adults onboard who grew up as disaffiliated teens in the 1970s and 1980s. In their painting classes, live music classes, creative writing classes, and an active cinema club, they continue to find forms of communal identification. This translates into a sense of collective ownership that extends from the physical features of *L'Adamant* to its functions as performance space, clubhouse (for members only), and safe space.

Architectural empathy is not a gift that is given by an architect to a user. Architectural empathy is a collaboration that is practiced *between* an architect and a user, both of whom are seeking to build something new. Perhaps this is why the opening and closing of the aged wood shutters of *L'Adamant* has become a daily ritual for many who come to the barge. In documentary footage filmed in the early morning hours, Philibert shows members of the broader community as participants in a pageant of spatial grandeur scaled to their own bodily movements. They move down the bridge to the barge's entrance. They cross the hall and meet others in the café who, just like them, have arrived early for coffee and conversation. They raise the long metal rods connected to the slatted wooden shutters in one swift motion, as if they are unfurling a banner that announces their presence on the riverfront. In such moments the experiences of those onboard and the experiences of *L'Adamant* itself become blended and inextricably tied: charged with fresh air and sunlight, gently swaying back and forth, ready to see familiar faces, they complete the empathy circuit's essential loop.

4. CONCLUSION: THE LIMITS OF ARCHITECTURAL EMPATHY

In this essay, I have tried to show how architectural forms like asylums never have been simply or exclusively one thing; they always have been complex signifiers of “progress” that could be attached to diverse scientific commitments. Using sensory design was, for Marcello Piacentini, an unprecedented approach for a population of patients typically treated

³⁹ M. Everitt, “Adam Ant on Fame, Depression, and Infamy,” *BBC News*, 23 February 2011, <https://www.bbc.com/news/entertainment-arts-12546301> (accessed 15 September 2025).

as not only socially marginal but physically dangerous. It was also a cutting-edge form of scientific and technical expression, a potential tool for recognizing psychological or cognitive difference. This distinguishes *Il progetto Ophelia* from every other *manicomio* in Italy or asylum built in Europe or the United States during the first decades of the twentieth century. On the other hand, psychiatric spaces built during this period were also understood as spatialized exertions of professional and state power that carried forward the policies and practices of the eugenics movement.⁴⁰ In Italy, where psychiatric asylums existed into the 1970s until the interventions of Franco Basaglia, such institutions represent a shameful chapter in state-sponsored care for vulnerable populations as well as a particularly painful chapter in the history of modern architecture. Even the most progressive public health projects proposed in the first decade of the twentieth century could not escape associations with the specter of biopolitics.⁴¹

When I first learned about *Il progetto Ophelia*, I assumed that the story was about a young person's loss of empathy, a hardening of the heart, a descent into authoritarianism. How else to explain someone who had shown an empathic understanding of the needs of people who were marginalized and who found an architectural vocabulary for addressing their needs? That Piacentini had proposed something different than a conventional design for a *manicomio* is undeniable; that he was tapping into contemporary but also ancient forms of sensory design as a way of being attuned to the rhythms of the human sensorium is also undeniable. Piacentini conceived of sensory design as a relational catalyst, an alchemical force capable of facilitating a change of mind, a change of heart. Of course, Piacentini's designs also were shaped by psychiatric diagnoses of the asylum's inmates and the mandate to contain them, making the asylum a poignant example of the phenomenon of discrepant modernities—one that simultaneously affirmed medical control while also opening up a space, however inchoate, for an individual to have agency over their own therapeutic journey. The incremental deepening of this recognition of individual agency would evolve over the course of the twentieth

⁴⁰ See, for example, C. Cogdell, *Eugenic Design: Streamlining America in the 1930s*, University of Pennsylvania Press, Philadelphia, 2004, and F. López-Durán, *Eugenics in the Garden: Transatlantic Architecture and the Crafting of Modernity*, University of Texas Press, Austin, 2018.

⁴¹ See, for example, S.-O. Wallenstein, *Biopolitics and the Emergence of Modern Architecture*, Princeton Architectural Press, New York, 2008.

century before influencing people like Franco Basaglia and others in the anti-asylum movement.

Empathy is not an expansion of compassion *for* others who are not like us, a sponge that one person uses to absorb or exploit the feelings of another person. Empathy is the circuitry that results in a co-constructed moment of sustained emotional connection. This happens when two people find both of their respective emotional states changed by the intersubjective intermingling of sensory information offered by another. Empathy is the way we transform each other and, importantly, the way that people transform *us*. This relational transformation, made possible by an empathic connection, is how we become aware of our own subjectivity. In Werner Herzog's extraordinary documentary, *Land of Silence and Darkness* (1971), viewers follow the journey of a small community of deafblind people whose caregivers bring them to a greenhouse full of unusual plants including cactuses. To say that the film is a documentary about deafblind people experiencing the world is woefully reductive. The documentary offers a view of multimodal forms of empathic communication captured *in situ* between subjects and their caregivers. Together they guide each other's hands over leafy surfaces and spiky tendrils. It is a portrait of people *co-constructing* a moment of empathy rather than one person *giving* empathy to the other.

For some, however, the concept of empathy remains individualistic and unidirectional, a one-way road headed in a single direction. This is when one person's claim to empathy takes place *in response* to a second person, such as when they say, "I have empathy for their situation." The implication in such a scenario is that the second person is suffering, and the first person will direct attention to that suffering in order to (both literally and metaphorically) "feel their pain." In his controversial book *Against Empathy: The Case for Rational Compassion* (2016), psychologist and cognitive scientist Paul Bloom argues that these invocations of empathy often function rhetorically as a declaration of compassion for someone or something and its presumptively positive (and positivistic) intentions.⁴² But such invocations of empathy are other-directed, not mutual: the experience of a feeling ("I have empathy for their situation") may only describe a fleeting attachment that maintains a distinct separation between the two entities.

⁴² P. Bloom, *Against Empathy: The Case for Rational Compassion*, Ecco / HarperCollins, New York, 2016.

In *Architecture's Disability Problem* (2024), architectural historian and theorist Wanda Katja Liebermann describes how the canons of architectural education and the structures of professional training are largely responsible for making relational transformation difficult among its practitioners. For architects, designers, and educators, the practice of empathy is not only an epistemological problem; it is an existential problem, one that requires professionals to reflect actively upon what they take for granted and what norms they preserve when they design. As Liebermann writes:

Empathic projection is often undertaken by persons who do not share the lived experience or identity of the design recipients. Thus, it places the architect in the role of ventriloquizing the needs of other (Deaf, disabled, [people of color], queer, etc.) people.... Professional empathy by itself thus can easily become the reassertion of expert authority over deaf and disabled lives.⁴³

To promote empathic architecture as a euphemism for “architecture concerned with the equity and inclusion of others” does nothing to question how or why architects do what they do, thereby sustaining broader inequities and exclusions. It maintains the divide between subject and object, the classic Hegelian separation of self and other for which mastery, not mutuality, is the expected outcome. This is the opposite of empathy. If the system is closed, the system cannot be transformed by the data. The system does not reboot. To feel someone’s suffering or joy and then *to do something* that expresses recognition of that suffering or joy are not at all related and should not be presumed as a *fait accompli*.

Many who want to practice empathy want to practice it *for* others and not *with* others. They are unable to think of themselves as having what has been called “neuro-hubris,” an inflexible investment in their own neurotypical status.⁴⁴ In a 2024 report in the *International Journal of Body, Mind and Culture*, for example, Iranian architect Mahsa Mohammadi Far argues for the uses of color and smell in designing spaces for people who have been diagnosed with depression. Drawing upon

⁴³ W. K. Liebermann, *Architecture's Disability Problem*, Routledge, New York / London, 2024, p. 150.

⁴⁴ V. Gallese, quoted in J. Pallasmaa, H. Francis Mallgrave, S. Robinson and V. Gallese, “A Conversation on Empathy,” in *Architecture and Empathy*, P. Tidwell (ed.), Tapio Wirkkala-Rut Bryk Foundation, Espoo, Finland, 2015, p. 84.

research data, Far argues for how “memories, colors, scents” are “symbolically tied together with feelings. The purpose of asking these questions is to find these symbols, decipher them, and use the obtained data in the design. As a result, *the answer to such questions provides practical and useful information to architects and designers.*”⁴⁵ Here the author betrays the conventional masquerading as the inevitable at the core of sensory design’s presumptions to architectural empathy. Far assumes that people with depression experience sensory stimulation in ways that non-depressed individuals do not or cannot—as if sensory stimulation was not a working principle for *all* architectural encounters across the human spectrum. Expecting colors and smells to do all of the work reaffirms the presumption that the goal of the architect is to use design as a functional or therapeutic tool, not an opportunity for self-reflection about one’s role in the design process. There is a significant confusion between empathy and “the best of intentions” when it comes to using sensory design to produce “practical and useful information to architects and designers.”

Piacentini’s effort to incorporate sensory design was indeed unique in the era. But there was nothing inevitable about the use of architecture as a therapeutic instrument intended to produce certain emotional or psychological effects. Sensory design is not inherently any more compassionate than other kinds of design; it can be taken up by any person or institution where architecture is one possible tool for exercising control or instantiating power. Philosopher Dan Zahavi has written that a “high degree of empathic sensitivity might come in handy if one wants to manipulate and exploit people. It is also a precondition for cruelty, since cruelty requires an awareness of the pain and suffering of the other and must be sharply distinguished from a pathological insensitivity to the pain of others.”⁴⁶ The designers of military prisons that subject suspected terrorists to harsh fluorescent lighting and heavy metal music playing at full volume twenty-four hours a day are as attuned to the empathic circuitry involved in sensory transmission and reception as the most altruistic care giver. The difference lies in the world one wants to build with knowledge of that circuitry. Empathy without the loss of ego is not empathy. It is

⁴⁵ M. Mohammadi Far, “Explaining the Influence of Architecture in Reducing Depression Symptoms,” *International Journal of Body, Mind and Culture*, 11, 6, 2024, pp. 87–88, emphasis mine.

⁴⁶ D. Zahavi, *Self and Other: Exploring Subjectivity, Empathy, and Shame*, Oxford University Press, New York, 2014, p. 116.

nothing more than a benign form of colonialism—and often not a particularly benign form, either.

To ask questions about empathic connection is to ask questions about how the world is constituted by people whose experiences of the world are different from one's own. But it is also to ask questions about the formations of one's own subjectivity and to admit that, more often than not, we are strangers to ourselves. Instrumental uses of empathy—designing *for* a population, not *with* a population—misses entirely the essential process of relational transformation that lies at the core of the empathic encounter. Museum curator Nicholas R. Bell has observed that “fixing our attention on external elements that are unknown is a conscious decentering of our perspective [...] a radical moment of ‘unselfing’ that helps us to recognize the capacity for infinite centers of the world outside ourselves.”⁴⁷ Bell's description of “unselfing” before returning to the self is a subjective voyage of discovery that fulfills the promise of a mutually created empathy circuit. “We ourselves are changed by that discovery,” the philosopher Michel de Certeau asserted over a half century ago. “Our relation to others, modified by our realization of this process of cultural leveling, transforms our relation to ourselves. The ground of our certainty is shaken.”⁴⁸

ACKNOWLEDGMENTS

This essay is the third installment of a long-term project about the presence (or absence) of empathy in historical and contemporary architecture designed for and/or by disabled people. The inclusion of *Il progetto Ophelia* did not come about until 2020, when I was awarded the Rome Prize in Architecture to study Piacentini's *manicomio* in Potenza and asylum architecture across Italy more broadly. *Grazie mille* to the American Academy in Rome for giving me the opportunity of a lifetime and to my Academy cohort (aka the castaways) for their support and camaraderie. For their generous help with research in Italy including help with translations, thanks to Francesca Berni, Deborah de Furia, Sara

⁴⁷ N. Bell, “Designing for Wonder: Losing Your Self at the Museum,” in E. M. Gökçiğdem (ed.), *Designing for Empathy: Perspectives on the Museum Experience*, Rowman & Littlefield, Boulder, 2019, p. 262. See also K. Hetherington, “Spatial Textures: Place, Touch, and *Praesentia*,” *Environment and Planning A*, 35, 2003, pp. 1933–1944.

⁴⁸ M. de Certeau, “The Black Sun of Language: Michel Foucault,” in *Heterologies: Discourse on the Other*, University of Minnesota Press, Minneapolis, 1986, p. 177.

Enrico, Sebastian Hierl, Carla Keyvanian, Rebecca Messbarger, Christy Q. Schirmer, and Paulette Singley. For their generous and insightful feedback on the project throughout the process, thanks to Brian Selznick, Katy Barkan, Matthew H. Ellis, Ignacio G. Galán, Louise Hickman, Rebecca Levitan, Danny Smith Salfati, and the anonymous reviewers for *Khōrein*. Thanks to Gérard Ronzatti of Seine Design for permission to publish images and photographs documenting *L'Adamant* and its extraordinary vision of community care. Finally, thanks to Stelios Giamarellos and Nina Vollenbroker for their encouragement during the editorial process. NB: All translations by the author unless otherwise noted.

REFERENCES

- “Per Il Manicomio Provinciale in Potenza” (1906), *Il Locano*, October 12-13, pp. 1–3.
- “Schedati, perseguitati, sterminati: i malati psichici e disabili durante nazional-socialismo e Fascismo” (2019), <https://www.disabili.com/amici-e-incontri/articoli-amici/schedati-perseguitati-sterminati-i-malati-psichici-e-disabili-durante-nazional-socialismo-e-fascismo> (accessed 20 June 2026).
- Bachelard, Gaston (1994), *The Poetics of Space*, trans. Maria Jolas, Boston: Beacon Press.
- Barucci, Clementina (2012), “La Biblioteca di Marcello Piacentini,” in *Marcello Piacentini Architetto 1881-1960*, Giorgio Ciucci, Simonetta Lux, and Franco Purini (eds.), Rome: Gangemi Editore, pp. 73–84.
- Bell, Nicholas R. (2019), “Designing for Wonder: Losing Your Self at the Museum,” in *Designing for Empathy: Perspectives on the Museum Experience*, Elif M. Gökçığdem (ed.), Boulder, Colo: Rowman & Littlefield, pp. 259–272.
- Berlant, Lauren (2002), “Two Girls, Fat and Thin,” in Stephen M. Barber, David L. Clark (eds.), *Regarding Sedgwick: Essays on Queer Culture and Critical Theory*, New York: Routledge, pp. 71–108.
- Bloom, Paul (2016), *Against Empathy: The Case for Rational Compassion*, New York: Ecco / HarperCollins.
- Candlin, Fiona (2010) *Art, Museums, and Touch*, Manchester: Manchester University Press.
- Carrillo, Gabriela (2020), “Building for the Blind,” <https://www.architectural-review.com/buildings/building-for-the-blind> (accessed 20 June 2026).
- Cerea, Alessandra (2011), “L’Istituto Medico-Pedagogico Emiliano: Da San Giovanni in Persiceto a Bertalia,” <http://www.risme.cittametropolitana.bo.it/mente-salute-mentale-percorsi/storia-infanzia-bologna/istituto-medico-pedagogico-emiliano.html> (accessed 20 June 2026).
- Ciucci, Giorgio, Simonetta Lux, Franco Purini (eds.) (2012), *Marcello Piacentini Architetto 1881-1960*, Rome: Gangemi Editore
- Classen, Constance (2007), “Museum Manners: The Sensory Life of the Early Museum,” *Journal of Social History*, 40, 4, pp. 895–914.

- Cogdell, Christina (2004), *Eugenic Design: Streamlining America in the 1930s*, Philadelphia: University of Pennsylvania Press.
- Crudo, Cristoforo (1906), "Manicomio di Potenza," *L'Architettura italiana*, 3, pp. 9–11.
- De Certeau, Michel (1986), "The Black Sun of Language: Michel Foucault," in *Heterologies: Discourse on the Other*, trans. Brian Massumi, Minneapolis: University of Minnesota Press, pp. 171–184.
- Devlieger, Patrick, Frank Renders, Hubert Froyen, and Kristel Wildiers (eds.) (2006), *Blindness and Multisensorial City*, Antwerp: Garant.
- Etlín, Richard (1991), *Modernism in Italian Architecture, 1890-1940*, Cambridge, Mass.: MIT Press.
- Everitt, Matt (2011), "Adam Ant on Fame, Depression, and Infamy," <https://www.bbc.com/news/entertainment-arts-12546301> (accessed 15 September 2025).
- Foot, John (2015), *The Man Who Closed the Asylums: Franco Basaglia and the Revolution in Mental Health Care*, New York: Verso.
- Friedberg, Anne (2012), "The Mobilized and Virtualized Gaze in Modernity: Flâneur/Flâneuse," in Nicholas Mirzoeff (ed.), *The Visual Culture Reader*, 3rd ed., New York: Routledge, pp. 395–404.
- Frosali, Gianna. (2012), "Il 'Fondo Piacentini' alla Facoltà di Architettura di Firenze," in Giorgio Ciucci, Simonetta Lux, Franco Purini, (eds.), *Marcello Piacentini Architetto 1881-1960*, Rome: Gangemi Editore, pp. 329–342.
- Galán, Ignacio G. (2022), "Unlearning Ableism: Design Knowledge, Contested Models, and the Experience of Disability in 1970s Berkeley," *Journal of Design History*, 36, 1, pp. 73–92.
- Galán, Ignacio G. (2025), *Furnishing Fascism: Modernist Design and Politics in Italy*, Minneapolis: University of Minnesota Press.
- Gissen, David (2013), *Subnature: Architecture's Other Environments*, Cambridge, Mass: MIT Press.
- Hamraie, Aimi (2017), *Building Access: Universal Design and the Politics of Disability*, Minneapolis: University of Minnesota Press.
- Henshaw, Victoria (2013), *Urban Smellscapes: Understanding and Designing City Smell Environments*, London: Routledge.
- Herzog, Werner, dir. (1971), *Land of Silence and Darkness*, Werner Herzog Filmproduktion.
- Hetherington, Kevin (2003), "Spatial Textures: Place, Touch, and *Praesentia*," *Environment and Planning A*, 35, pp. 1933–1944.
- Hosey, Lance (2013), "Scent and the City," *New York Times*, October 25, Section SR, p. 12.
- Hummerstone, Harriet, Sarah Parsons (2023), "Co-Designing Methods with Autistic Students to Facilitate Discussions of Sensory Preferences with School Staff: Exploring the Double Empathy Problem," *International Journal of Research & Method in Education*, 46, 1, pp. 70–82.
- Josefson, Charles (2025), "Toward a Neuroinclusive Culture: Designing Neuroinclusivity with Triple Empathy Theory," *Disability & Society*, 40, 9, pp. 2588–2611.

- Liebermann, Wanda Katja (2024), *Architecture's Disability Problem*, New York: Routledge.
- Lifchez, Raymond and Barbara Winslow (1979), *Design for Independent Living: The Environment and Physically Disabled People*, Berkeley: University of California Press.
- Longmore, Paul (2003), *Why I Burned My Book and Other Essays on Disability*, Philadelphia: Temple University Press.
- López-Durán, Fabiola (2018), *Eugenics in the Garden: Transatlantic Architecture and the Crafting of Modernity*, Austin: University of Texas Press.
- Martinez, Alain (2010), "L'Adamant, l'hôpital psychiatrique sur la Seine," <https://www.infirmiers.com/profession-ide/ladamant-lhopital-psychiatrique-sur-la-seine> (accessed 20 June 2026).
- Merleau-Ponty, Maurice (2007), *Phenomenology of Perception*, trans. Colin Smith, London: Routledge.
- Mohammadi Far, Mahsa (2024), "Explaining the Influence of Architecture in Reducing Depression Symptoms," *International Journal of Body, Mind and Culture*, 11, 6, pp. 82–89.
- Nicoloso, Paolo (2022), *Mussolini, Architect: Propaganda and Urban Landscape in Fascist Italy*, Toronto: University of Toronto Press.
- Otero-Pailos, Jorge (2010), *Architecture's Historical Turn: Phenomenology and the Rise of the Postmodern*, Minneapolis: University of Minnesota Press.
- Pallasmaa, Juhani (2005), *The Eyes of the Skin: Architecture and the Senses*, New York: John Wiley and Sons.
- Pallasmaa, Juhani, Harry Francis Mallgrave, Sarah Robinson and Vittorio Gallesse (2015), "A Conversation on Empathy," in Philip Tidwell (ed.), *Architecture and Empathy*, Espoo, Finland: Tapio Wirkkala-Rut Bryk Foundation, pp. 78–86.
- Penner, Barbara (2016), "From Ergonomics to Empathy: Herman Miller and MetaForm," in *The Routledge Companion to Design Studies*, Penny Sparke, Frances Fisher (eds.), New York / London: Routledge, pp. 269–281.
- Perera, Isabel M. (2025), *The Welfare Workforce: Why Mental Health Care Varies Across Affluent Democracies*, New York: Cambridge University Press, pp. 116–155.
- Petitjean, François (2009), "The Sectorization System in France," *International Journal of Mental Health*, 38, 4, pp. 25–38.
- Philibert, Nicolas, dir. (2023), *Sur L'Adamant*, TS Productions and France 3 Cinéma, distributed by Les Films du Losange.
- Piacentini, Marcello (1906), "Il progetto premiato pel manicomio di Potenza," *Bollettino della Società degli Ingegneri e degli Architetti italiani*, 14, September 23, pp. 556–565.
- Piacentini, Marcello and Giuseppe Quaroni, "Ancora sull'architettura manicomiale" (1906), *Bollettino della Società degli Ingegneri e degli Architetti italiani*, 14, November 25, pp. 700–703.
- Rembis, Michael (2011), *Disabling the Poor: The Insane, the Feeble-minded, and the Bureaucratic State in the Early Twentieth Century*, New York: Palgrave.
- Rofel, Lisa (2001), "Discrepant Modernities and Their Discontents," *positions*, 9, 3, pp. 637–649.

- Rudofsky, Bernard (1987), *Architecture Without Architects: A Short Introduction to Non-Pedigreed Architecture*, Albuquerque: University of New Mexico Press.
- Serlin, David (2025), *Window Shopping with Helen Keller: Architecture and Disability in Modern Culture*, Chicago: University of Chicago Press, pp. 1–29.
- Spence, Charles (2020), “Senses of Place: Architectural Design for the Multisensory Mind,” *Cognitive Research: Principles and Implications*, 5, 1, 46, <https://doi.org/10.1186/s41235-020-00243-4> (accessed 20 June 2026).
- Stern, Alexandra Minna (2005), *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*, Berkeley: University of California Press.
- Stevenson, Christine (2000), *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660-1815*, New Haven: Yale University Press.
- Tischler, Victoria (2025), “L’Adamant: All Aboard the Art Barge,” <https://www.bps.org.uk/psychologist/ladamant-all-aboard-art-barge> (accessed 20 June 2026).
- Topp, Leslie (1997), “An Architecture for Modern Nerves: Josef Hoffmann’s Purkersdorf Sanatorium,” *Journal of the Society of Architectural Historians*, 56, 4, pp. 414–437.
- Topp, Leslie (2017), *Freedom and the Cage: Modern Architecture and Psychiatry in Central Europe, 1890–1914*, University Park: Pennsylvania State University Press.
- Tuan, Yi-Fu (2001), *Space and Place: The Perspective of Experience*, Minneapolis: University of Minnesota.
- Wallenstein, Sven-Olov (2008), *Biopolitics and the Emergence of Modern Architecture*, New York: Princeton Architectural Press.
- Whitt, Sarah, Traci Brynne Voyles, and Susan Burch (2025), “Settler Ableism: Indigeneity, Unsettling the Archive, and Accountability in History” in Jenifer L. Barclay, Stefanie Huntington-Kennedy (eds.), *Crippling the Archive: Disability, History, and Power*, Urbana: University of Illinois Press, pp. 189–215.
- Williamson, Bess (2019), *Accessible America: A History of Disability and Design*, New York: New York University Press.
- Yanni, Carla (2007), *The Architecture of Madness: Insane Asylums in the United States*, Minneapolis: University of Minnesota Press.
- Zahavi, Dan (2014), *Self and Other: Exploring Subjectivity, Empathy, and Shame*, New York: Oxford University Press.
- Zumthor, Peter (2005), *Atmospheres*, Boston: Birkhauser.

