By 2030, more than half the world will live in cities. But each passing decade makes them larger and poorer, inhabited by disconnected and alienated populations. The challenge of the 21st century is to give city-dwellers back

A New Paradigm For Suffering Cities

by Benedetto Saraceno

the personal identity they have surrendered to urban anonymity. That means re-examining what living in a city actually means.

The population of cities has grown exponentially over the last 30 years with more than half of the world's population now living in urban areas. In Africa, city-dwellers made up 26 percent of the total population in 1975, a number that has since risen to 39 percent, with 63 percent expected by 2030. In Asia, 29 percent of in 1975 population lived in cities, expected to rise to 64 percent in 2030. Europe's urban rise, meanwhile, is projected to rise from the current 66 percent to 79 percent over the same period. In essence, the world is becoming "metropolitanized."

The United Nations Population Fund (UNPF) estimates that 85 percent of the global population over the next 30 years will be present in urban settings. The urban population in developing countries will double from 2 billion (2000) to 4 billion in 2030, compared with a general growth of the world population from 6 to 8 billion. Urban growth will be much more pronounced in small cities than in the so-called megalopolis. In 1975, the world counted five megalopolis-sized cities, or extended cities, with more than 10 million inhabitants. In 2015 the number will probably be 23. An estimated 564 cities will have at least one million inhabitants.

The lack of job opportunities, social isolation, and changes in youthful yearning make the countryside increasingly unappealing. A city is defined as an urban center with at least 100,00 inhabitants. Increases in urban population will match a decline, less pronounced, in the rural population. Urban growth is determined less by migration than increases in population within the city itself. The concentration of individuals that occur in urban contexts has been shown to be an important component of economic development.

Economic development, in turn, is a powerful stimulus for the urban sprawl. Cities therefore simultaneously produce development and poverty. In addition, most world cities show a higher growth rate among its own poor that city's own average growth rate. This is obviously less the case in high-income countries than in middle and lower income ones.

In developing nations, 43 percent of the urban population lives in slums, a percentage that rises to 78 percent in countries with lower incomes. It should also be noted that

even in developed countries poverty is concentrated in urban areas. On average, of every three new urban dwellers, two are poor: the poor population of cities is growing at a rate twice the average of the city itself.

Urban poverty is organized by topography (the "villas miserias," the "favelas," the slums, the neighborhoods called "tough" or "sensitive"), but based on ethnicity (Roma, illegal immigrants or legal immigrants with low incomes). This specialized topography is tied together by a thread of features including: lack of basic services such as water and electricity, unhealthy and crowded housing, hazardous facilities, poor hygiene, poverty, poor nutrition, lack of available health care, exclusionary social segregation and criminal violence.

It's should come as no surprise that urban poverty is by itself a major risk factor for human health. The urban poor of developing countries face infectious diseases as a result of bad water, sewers contamination, high population density and sexual promiscuity.

Social isolation, unemployment and a changing in vision among the young have combined to put rural life in the rear-view mirror and make urban living a priority

Non-communicable diseases such as diabetes, obesity, hypertension, cancer and asthma also prevail among the urban poor in developed countries. Overall, the distinction is becoming less clear: This can be seen on the basis of drug-resistant tuberculosis in a city like Milan or the proliferation of non-communicable diseases in developing countries. Endemic to all cities is legal and illegal drug use as well as domestic as youth violence. Mental and physical health problems will increasingly be urban problems.

The World Bank and the World Health Organization estimate that mental illnesses account for 13 percent of total mortality and disability generated by all diseases. In other words, mental health disabilities have a significant impact on overall mortality rates, more than cancer and cardiovascular disease.

The figures define mental illness only in terms of international-accepted classifications and don't take into account the psychological and social suffering caused by poverty, violence, insecurity and abandonment as well as the effect of forced emigration and exclusion on individuals, families and communities. Those who suffer from a formally classified mental illness and those who suffer from psychosocial vulnerabilities ultimately share the same dilemmas: stigma, discrimination, abandonment and violation of personal rights. Both groups live in institutions of a kind, whether of high-density and defined — asylums, prisons and refugee camps, for example — or low-density and undefined: roads, metro stations, "favelas," slums and so on.

There's interchangeability between the first group, the psychiatric patients, and others who, because of the nature and heterogeneity of their suffering may only be called "the others." Cardinal Carlo Maria Martini cited an episode from the gospel of St. Mark in which

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a man originally from Gerasa, who behaves strangely and violently, is asked his name by Jesus (Mark 5, 1-20): "My name is Legion for we are many," he says. The man from Gerasa has no name because he represents collective suffering and exclusion. Both the psychiatric patients that "the others," like the man of Gerasa, are Legion, since few are ever individually recognized. "The crazy people," the poor, the refugees, and immigrants are considered by nations as without citizenship per se. Their sufferings cross or merge, are specific or not, but their lot is never to be directly addressed.

The city is the physical space in which the "nation of the men of Gerasa" lives. The city calls, lures and conceals. It offers folds in which to survive, to hide, and to relate. But the city does not promise nor permit a contiguous space close to real, human communities: it has long since ceased to be a municipality in the original meaning of the word. People simply coexist, are gathered together like jargon, their ethnic identity real or imagined; they are bound together primarily by their exclusion, often outside the law.

The city produces suffering and illness and offers non-responses or fragmentary answers. The suffering and the disease generally affects vulnerable groups recognized as operating inter-individually. Instead, and paradoxically, the city produces collective vulnerability but refuses to recognize the collective dimension of this widespread vulnerability. By giving to individual pain a non-subjective, non-individual response, the city denies the individuals the collective nature of their suffering and responds to individuals by denying their subjectivity.

The truth is that we need to create a real framework for answers because real questions reflect interlocking connections. Denying such connections yields replies that are unilateral, falsely linear and disjointed. The reality of suffering is connected to risk. But responses to it often reveal prejudice. Physical illness, mental illness, psychological distress, social suffering are part of a complex network of needs whose simplification can be administratively useful. At the same time, the challenge is avoiding oversimplification.

Disease is the result of a risk but the risk itself is sometimes an illness. It can be said that substance abuse, depression, family

violence and suicide are conditions of the framework. Male alcoholics, for example, are at risk of suicide because alcoholics often perpetrate family violence. Women victims of domestic violence victims, perhaps from the same male alcoholics above, are themselves at risk of severe depression. And some of them will drive off and die or cause the death of others. This is what's meant by framework. The answers in turn are not separate but integrated both vertically and horizontally.

The hegemony of bio-psycho-medical, linear and a-historical permeates all the problems of existence. Illnesses increase because they're defined in psychological and social terms. The bio-psycho-medical model appropriates suffering, classifies it, fragments it, and gives answers, one question at a time. When the question goes unanswered you re-formulate the question so that it doesn't fall into the category of questions without answers. This creates artificial groups of questions combined with groups of standardized responses: Questions about AIDS patients, homosexuals, women, teenagers, children are categories that can be answered falling back on pre-determined default positions.

With the progressive formation of separate tribes, their meaning imbued depending on their origin, what disappears is the tribe of "us," people banded together randomly because they are people. With the demise of people as the universal subject matter of communities, recognized instead simply as men, women and children, their rights are also lost. Only identities endure: immigrant, illegal, Rom, crazy, poor, Albanian.

Such categories emerge less from a desire to destroy identity than from the urgent need to differentiate and establish working distinctions. Taking on and claiming responsibility for identity through a conscious process contributes to the creation of new knowledge and new languages. Any process of self-identification, i.e. the construction of identity, enriches the players.

What happens when identity is no longer a source of social interaction and dialogue with

The city is a source of suffering and illness and offers no answers, or insufficient answers, to its inhabitants' most pressing questions

category the same way refugees belong to post-traumatic stress disorder, another clinical state. It's certainly true that each abused woman is a clinical case and most refugees may indeed suffer from post-traumatic stress order. But this generalized identity takes possession of the whole individual, with no allowance for a clinical state as an adjunct and not the centrality.

People are not indemnified as complex human beings but as the sole representations of the hurt they possess. They are not men and women but Hutu or Tutsi, Serb or Bosnian, illegal or in line. This denies the richness of the thousands of existing and potential human identities, contradictory among them and producing multiple skills. In his book "The Community to Come," Giorgio Agamben sees the possibility of human beings, ceasing to seek their individuality and being transformed instead into "singularities lacking identity."

The de-institutionalization process started by Franco Basaglia not only began putting an end to the scandal of asylums but also opened the door to technology that helps rehabilitate multi-faceted subjects reduced to a single identity by their asylum stays. Chronic mental patients were long-term prisoners (are, if the hospital continues to exist) held captive by one identity, like the men of Gerasa.

De-institutionalization amounts to an effort to redraft diversity, recreate multiple identities, so that the men from Gerasa are no longer called only Legion. Institutions, not only mental asylums, have no tolerance for diversity, fear outsiders, strangers, the body and sexuality. It fears the production of meaning because it must concentrate all its expenditure instead on staying in existence. The crossover nation of the mentally ill, the excluded, fugitives, illegal immigrants are forced into camps, "reservations," institutions, prisons, diagnosis, social groups. They get their own jargon. The boundaries are walls created to bar exchanges between people, culture, songs, stories and follies.

In France, those who migrate from Eastern Europe, Africa and the Middle East and install themselves illicitly in cities are called "sans papiers," without papers. There are many ways of being a "sans papier." Some have documents, but only in their place of origin, where they were poor and

others but a prison that exists for the simple purpose of ensuring self-replication? What happens when individuals are forced into one and only one identity? What if that identity is not the result of some honorable self-recognition project but an outfit sewn on for life with no possibility of choice?

We call wealthy individuals those who recognize their identity among the many, while the poor are basically those who in order to be recognized want, or more often must employ, a single identity. They are fundamentalist in their poverty. One identity is a condition suffering or death; you suffer or are killed.

Governments, political parties, religions often promote one kind of social identity. People are persuaded or forced to be solely to be Muslim, Serb or only Lombard. The demands of poverty can do the same, forcing groups of individuals to identify with a certain disease and represent themselves only as "sick with." Misery and despair causes players to belong to unique identities: they become "only" illegal immigrants, "only" immigrants or just mad.

The bio-psycho-medical modal tolerates no shades of grey and promotes the formation of identities based on "negative belonging": battered women belong to one clinical

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unemployed but at least had a real and metaphorical identity, people who had real standing in their place of origin but have since lost it. Others have no place of origin simply because they've always been where they are, dispossessed. They lack documentation that defines them as human individuals of a single identity. Thus we return to the crossover nation that denies the premises of subjectivity.

The first step in reconstructing identity, well-known to those who faced the aftermath of the closure of mental asylums, is a recognition of the meaning produced by the individual: each person is a producer, and this human production is entitled recognition and respect. The second stage requires that this expression be connected to similar production by others, generating an exchange of affect and materials, which is a key step in learning to interact.

These are mutual adjustments that need to be made between subject and external environment to create more compliant subjects and more hospitable environments.

Within this interacting process comes social and psychological bartering, rights as well. The actors in this dynamic are all those who reside in the city, including those who stand in the way, the tolerant, the saboteurs and the promoters, the givers and those who take, people who are willing to learn and those who insist on imposing their will. Individuals and institutions, public and private, enter the picture; so do special interests, civic duty and deference. But democracy also needs to enter in, with public institutions making an active effort to promote the rights of citizenship to all, because citizens by definition have earned

Segregation, exclusion and social woes shouldn't coerce the marginalized into passively accepting the roles they've been cast in

that right as part of the civic whole.

The Commission of the World Health Organization on the Social Determinants of Health is very clear on this point: "The promotion of urban health is not simply a matter of correct actions or proper resources. Urban health depends largely on the capacity of governance, which means the institutions and processes through which a society is able to manage the course of social events." Governance is the capacity of public and private institutions to manage the social dynamics of cities, as much as possible in a responsible, competent and fair way.

Conceptually, governance is more complex than government: if government is the management of public affairs, governance is the management of the dynamics of events. Governance is by nature decentralized and multi-faceted. It gives powers to public and private actors and presumes the involvement of civil society. According to the Commission, "Governance involves participation, honesty, transparency, involvement of all actors, without anyone, minorities or those vulnerable to it, being humiliated by the rules in place to govern." Urban governance is democratic, includes participatory planning by all, including those defined as illegal — everyone "must be involved in the formulation of the rules."

A society is democratic when, instead of normalizing diversity, it diversifies the norm by responding honorably to the existence of complexity and to the abundance of social needs. Subjects are freed from their identity cages and the community stops being afraid of diversity: the meeting point comes when exclusion is rehabilitated and suffrage is extended to all the citizenship. The process requires a mutual commitment by those involved in it, as well as the public. Those without legs must to learn to walk with prosthesis, but they also require a city that is

architecturally friendly to their status — both city and citizens need to put in effort. Diversity and exclusion must be empowered and function within citizenship: prosthesis to walk and new laws to allow for walking. But the city also needs to be empowered with prosthesis for participation, equity and appropriate response.

To include the suffering and the socially excluded doesn't mean simply bringing them in passively to learn rules of a game set a priori and without their contribution. The rules have to change. The idea isn't to create a more homogeneous city but to build a different city, where diversity is met and experienced and in which more rigid identities are softened to give rise to a wider and more accommodating citizenship. A good host city should allow citizenship and citizenship shouldn't be held hostage to one identity.

The rights of citizenship go well beyond the right not to be excluded and not to be subjected to violence or abandoned. Further "positive" rights need adding, such as being heard, accepted and recognized based on need. Having only identity is usually based on coercion. Those invested with the full rights of citizenship don't need a unique label to be acknowledged. The subjective self is recognized as human and demanding of attention.

What I've put forward is a livable, hospitable city based on utopian goals. It's a city where I don't need to show my super-fan card to sit in certain sections of the stadium or be a prisoner of my identity as an illegal alien, both of which are illusions based on choice. It's a city where I can hold many identities at once: as parent, spouse, and worker, Christian, Muslim — anything I chose, in fact, but not just one. Extremist fans gear up to fight with the immigrants because they both carry the same painful disease, poverty, and instead of being citizens are seen as prisoners and hostages of their city.

The paradigm of tolerance has existed in the Western social order since the Enlightenment. Tolerance is defined as the worthy moral effort to accept that which is different: "I disapprove of what you say, but I will defend to the death your right to say it," said the shrewd Voltaire. The commitment of the majority to accept the minority as a matter of principle was advocated by a minority of men of good will.

In the case of the modern city, it's not just a matter of tolerating individuals. It requires a pledge by the community and by public officials to protect the rights of all. Citizenship is the contemporary form of tolerance. But it can no longer be a noble effort between individuals of good will. It must be legal, composing a body of laws, guarantees and institutions that are committed to defining view of public ethics where all members of the whole have the right to have their needs addressed. It means applying tolerance to the ethical and emotional aspects of health services, employment, and housing. It means listening, acknowledging and exchanging. It means certainly in law and compassion on the human side.

That's the motivation behind the Center for Studies on Urban Suffering. It reflects a new paradigm in which.
- Suffering is interconnected.
- Suffering is meta-individual.
- Answers are fragmentary or fragmented.
- Health or welfare rights are non-existent.
- Private and public, working together or separately, conspire to build cities that are unbearable and uninhabitable, or the opposite: warm and livable.
- All happens in both Milan and Mumbai, Los Angeles and Jakarta: there is no North and South with different problems. Every North, whatever is geographic location, has its own South.
- It's necessary to characterize the examination of a city not only in terms of the classic virtues of the Enlightenment and of enlightened tolerance, but also based on the newer virtues of a citizenship that transcends the individual. The city itself becomes the virtuous aim.

We know this to be true not only in Milan, Berlin and London, but also in Mumbai, Jakarta and Lagos. We also have good reason to believe that borders are no longer defined by North and South, once understood as the symbolic division between the planet's rich and the poor, but instead transect all the large cities of the North, South, East and West.

Examples of cities that kill identity and deny human rights are all around. So are examples those doing their utmost to make cities habitable, hospitable, people who want the city to become more than a territorial affirmation of lost rights and deprivations. The fearless believers in hope also have their stories, experiences and groups. We want to be a floating "antenna" that sends and receives messages on behalf of this underworld nation.