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Heterotopian Hospital: Architecture, Existence, Malady

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The paper reviews Michel Foucault's concept of heterotopology and its application to hospital space. Hospital space is not 'neutral' as it is the site of a multitude of interpretations and metaphors. These relate in particular to the patients' physical condition and their recuperation prospects. Hospital space (buildings and architecture) also exerts a strong impact on patients' emotions and mode of thinking. For thinking has a spatial nature.

Keywords: heterotopy, existence, Foucault, Heidegger, hospital

The philosophy of space has a long history, but it was not until the twentieth century that its "humanistic" and axiological properties were discovered. As Edward Soja writes in *Postmodern Geographies*, "today it may be space more than time that hides consequences from us, the 'making of geography' more than the 'making the history' that provides the most revealing tactical and theoretical world."[2] The philosophical discovery of the active function of space

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[2] Edward W. Soja, *Postmodern Geographies. The Assertion of the Space in Critical Social Theory* (London–New York: Verso, 1989), 23.

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in the processes of thinking about life prompted a reaction; contemporary architecture of space focuses on the distribution of individuals in a given place, organizes and manages their spatial circulation. It does so, however, by architectural forms: walls, corridors, rooms, floors; designs "friendly" forms, creative shapes, the most convenient communication routes. Meanwhile, the philosophy of space aims to reveal the deeply hidden relationships between space and ideas.[3] It turns out that space is ideologically involved; it can be the perfect background against which tools identifying power entities can function, defining their socio-political roles, space divides the work of specific social groups, and through supervision and control mechanisms, plays an important role in the construction processes of political and aesthetic "visibility strategies."[4]

The multifaceted tactics of dividing space lead to practices of social inclusion or exclusion; for Michel Foucault, the modern subject crystallizes between these two poles.[5] The philosophy of space reveals that this crystallization necessarily involves practices of influencing the space closest to us – the space of the human body. Disciplining bodies, correcting attitudes, practices of persecution and managing bodies on the level of the whole population have significantly shaped, writes Foucault, our culture in which space is a dimension that is impossible to ignore.

The modern health paradigm cannot be divorced from social factors external to the psychophysical organism (Di Giacomo 1992). In line with this assumption, the purpose of this text is to examine how the physical space of hospitals changes into a mental space, i.e. saturated with imagination and emotions; and what attitudes are formed as a result of these interactions. I want to base my research on activities aimed at "domesticating" hospital space, rendering it more familiar and hospitable not only to the patient, but above all to the socio-cultural imagination. I believe that the feeling of "being at home" is essential for post-operative recovery, accidents and therapy. For this reason,

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[3] Michel Foucault, Paul Rabinow, "Space, Knowledge, Power," in *Essential Works of Foucault 1954–1984*, vol. III: *Power*, ed. James D. Faubion (New York: The New Press, 2000), 362.

[4] Cf. Jacques Rancière, *The Politics of Aesthetics: the Distribution of the Sensible* (New York: Gabriel Rockhill, 2004).

[5] Foucault is not the only one here, as Erving Goffman takes a similar approach: Erving Goffman, "On the Characteristics of Total Institutions," in: *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor Books, 1961).

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I am drawn to the philosophy of existence in my belief that the symbolism of space and the images it creates are essential for human health.

1. Heterotopology by Michel Foucault

In 1967, Foucault accepted an invitation to deliver a lecture to a group of architectural students entitled *Of Other Spaces* (*Des espaces auters*).[6] There, he presented a philosophical concept of space, whose symbolic potential is as unlimited as spatial arrangements appear to be. This is how the project of "other spaces" – heterotopias – was conceived.

Heterotopias are places "beyond" all the places, "a kind of effectively enacted utopia,"[7] in which all other places find their representation, mythical and real contestation and reversal; places which, unlike utopias, do not exclude the possibility of a precise location.[8] Heterotopias are specific places, most often developed in modern cities; hence, the close relationship between heterotopology and architecture. This is why heterotopic thinking is so strongly marked by spatiality. Heterotopology reveals the important role of place the thinking processes. That is why Gilles Deleuze and Félix Guattari noticed that "geography is not confined to providing historical form with a substance and variable places. It is not merely physical and human but mental, like the landscape.[9] Spatial arrangement is crucial in influencing the way we understand and experience a given place. The heterotopia of the amusement park allows us to return to childhood; it is a place of carefree and positive experiences. An abandoned and destroyed amusement park, however, elicits the melancholic feelings of transience, reminds us that joy is an ephemeral phenomenon; it can even provide a great backdrop for horror scenes. There are infinitely many heterotopias, writes Foucault: what for some is a one-dimensional place, for others can be

[6] Foucault returns to the concept of heterotopia in *Le corps utopique. Les Hétérotopies* (Fécamp: Nouvelles Éditions Lignes, 2009) and in the *Preface* to *The Order of Things. An Archeology of the Human Sciences* (London-New York: Routledge, 2005).

[7] Michel Foucault, "Of Other Spaces," http://web.mit.edu/allanmc/www/foucault1.pdf (accessed: 19.07.2019).

[8] Ibidem.

[9] Gilles Deleuze, Felix Guattari, *What is Philosophy?*, trans. Hugh Tomlinson, Graham Burchel (New York: Columbia University Press, 1994), 96.

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a source of ambiguity, absolute anxiety or delight. Utopias are universal in this respect, whereas heterotopias tend to side with ambiguity, creativity and, often, absurdity. Foucault introduces only a few heterotopic motifs: a cemetery which, through its geography and topography, reveals the dimension of transcendence, the 16th and 17th century overseas colonies in which attempts were made to build a new, perfect social and political order; an American roadside motel, to which one travels by car with a lover, and where socially unacceptable sexual needs find both refuge and satisfaction; museums and libraries, where in an architecturally limited space there is an unlimited accumulation of time.[10] Heterotopias can be a wonderful garden, with its connections to the biblical theme of the Garden of Eden, time and place uncontaminated by evil, ugliness and imperfection. A heterotopia can be found on a sea ship, isolated from the world, cloaked in the ideals of waging a battle against the elements (sometimes in a rowdy atmosphere), thus making a significant contribution to building modernity (transferring new ideas, inventions, plants, valuables). A heterotopia can finally be a Scandinavian sauna and a Muslim hammam, a place of exceptional cleansing, probably not limited only to body hygiene.[11]

However, the relationship between heterotopia and the body is much greater. The very concept of 'heterotopia' derives from the medical dictionary and means: "a condition in which normal tissue is misplaced, especially in the brain so that masses of gray matter are found in a white matter."[12] Thus, we see that in heterotopology corporeality occupies an equally important place as the arrangement of space, which is why Foucaultian analyses of madness and somatic disease, expression of behavior, attitudes and external appearances of the body are fully justified here.

Martin Heidegger's existential analysis can serve as a basis for the close relationship between architecture and thinking about hospital space. In his essay "Building, Dwelling, Thinking," he writes:

> The spaces through which we go daily are provided for by locations; their nature is grounded in things of the type of buildings. If we pay heed to these relations

[10] Cf. Michel Foucault, "Les Hétérotopies," in Michel Foucault, *Le corps utopique. Les Hétérotopies* (Fécamp: Nouvelles Éditions Lignes, 2009), 28–34.

[11] Ibidem, 32.

[12] https://www.thefreedictionary.com/heterotopism (accessed: 19.07.2019).

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> between locations and spaces, between spaces and space, we get a due to help us in thinking of the relation of man and space.[13]

In Heidegger's investigations of existential analytics, public institutions take on a new meaning, the "human face": the prison can henceforth be seen as a place of warranted limitation of an individual's existence in response to illegal acts, schools can be seen to utilize mechanisms of historically surveying the nonmaterial heritage of humanity, and the family Home can reveal the source of emotional security and genealogical community. Confirmation of this is found in Raudonis and Acton's research on space in hospices: "Hospice is a concept of care, not a place. Hospice is based on a holistic philosophy of living and dying."[14]

In all the examples mentioned above, it is not the building itself as an architectural block, but rather its function, or more precisely, the purpose for which it was built that comes to the fore. In this case, heterotopology would be used to analyze the places of suffering, of defeating a disease or succumbing to it, of convalescence after surgery. Thus, its role is to create specific social ideas, a work ethic in health care, to explain the fears of some and the scope of duties of others, to track the contact points of life and death, intimate closeness and professional distance, to devote oneself to others, believing in a miracle and giving up hope.

2. Heterotopology of hospital: existence and space

The image of a modern hospital is well rooted in public awareness. Each of us has been at least once inside its walls, watching its representations in films and on television, and each of us knows the rules regulating it. Nevertheless, the hospital is a place of seclusion. To get inside, one has to state the reason for the visit, pass security, obtain permission and cross the gates that prevent free

[13] Martin Heidegger, "Building, Dwelling, Thinking," in Martin Heidegger, *Poetry, Language, Thought*, trans. Albert Hofstadter (New York: Harper Colophon, 2001), 154.

[14] Barbara M. Raudonis, Gayle J. Acton, "Theory-Based Nursing Practice," *Journal of Advanced Nursing* 1997, no. 26: 140.

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entry. The hospital, therefore, functions like a fortress: the architecture of defense is combined with a ritual of control, which together make up the "security system." Restrictive entrance control systems are also used to close down the entire hospital area, e.g. during the risk of an epidemiological outbreak. The hospital employs highly qualified personnel, and the reputation of the hospital is generally consistent with a place of high professionalism, specialist and respected qualifications. The hospital architecture has been evolving towards sterility of rooms (spaciousness, transparency ensured by glazed walls, room brightness, etc.), although we still have hospitals in buildings from the 19th century – colossal buildings which evoke terror and aversion. In the public perception, hospitals function as unpleasant, foreign, distant and cold places, even though we walk past them on a daily basis. Increasingly, however, the modern architecture of hospital buildings elicits a much friendlier response: the high level of professionalism, the latest technology, the large extent of the involvement from state and public service in the life and health of citizens, their own communications routes, fast transport options for the sick and the injured. Hospitals have large parking lots, helicopter landing pads, their own laboratories, shops, chapels, recreation rooms, etc. In general, time flows here according to the schedule of visits and treatments. However, there are moments of particularly intensive work, and then the hospital turns into a completely inaccessible, state-institution that is closed to the world.

Professional care is provided to hospitalized patients. This means that henceforth the patient must comply with an imposed regiment – diet, hygiene requirements, free time management gives way to regulatory discipline, etc. Thus, the patient ceases to have full control over his life, and the decisions that are taken in his stead cease to be comprehensible to him. In this way, the hospital creates an atmosphere of disorientation combined with the need to surrender to the authority of medical authorities. The hospital, writes Greg Madison, is a place of special sensitivity, uncertainty, but also boredom, where there is my suffering and the suffering of the others, and the distance to death and mourning is reduced, life and death sentences are passed; health and disease provide the individual extremely strange experiences.[15]

[15] Greg Madison, "Hospital Philosophy: an Existential-Phenomenological Perspective," in *The Therapeutic Frame in the Clinical Context: Integrative Perspectives*, ed. Maria Luca (New York: Routledge, 2004), 275.

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The structure of our privacy and intimacy is transformed in the hospital; reason is subjected to constant examination, and the body is subject to physical, "professional" treatment. In the concentrated, "compact" space of the hospital walls, we observe the extraordinary intensity of the logistic divergence of goals and values, which are seen as absolute: those recovering after successful operations are preparing to return home, while others nearby are still in the process of finding their bearings in the face of unsuccessful diagnostic and prognostic situations, another group of patients remains unconscious or only partially aware (e.g. in psychiatric hospitals, geriatric wards, the disabled), while people who are terminal ill are preparing for death: they decide how and where they want to die.[16]

On the other hand, when in a hospital we occupy the public sphere. Hospital axiology is, therefore, based on exposure strategies, i.e. constructing public discourse based on private, intimate data. The hospital discovers the individual's secrets, introduces discourse into spaces that have not hitherto belonged to it, redefines the sense of "being yourself." Through the standardization of treatment and therapy, the patient becomes a "nosological object"[17] and henceforth requires constant description, is classified according to the symptoms and results of performed tests, is isolated, collected into a group of patients with similar symptoms, in terms of their gender, stage of advancement diseases, therapeutic options, etc. New categories therefore create new opportunities for human visibility. However, it should be remembered that this is a particular type of exposure, because the hospital reveals weakness, imperfection and disability of the organ, area or body part. This, in turn, is followed by the patient's lifestyle being disclosed, his life choices, random events, circumstances to

[16] Ibidem, 276.

[17] Nosology allowed Jean-Martin Charcot, a 19th century creator of neurology, to develop a new research perspective for hysteria, which was then a mysterious ailment. Cf. Georges Didi-Huberman, *Invention of Hysteria* (Cambridge MA: The MIT Press, 2003). The practice of nosology is based on the classification of individuals according to an established list of diseases and disorders. This way the hospital, as a public institution, is efficiently administered, though at the price of objectifying patients and stripping them of their dignity, e.g. of their right to preserve their esthetic values. Cf. Richard J. Baron, "Why aren't more doctors phenomenologists?," in *The Body in Medical Thought and Practice*, ed. Drew Leder (Dordrecht/Boston/London: Kluwer Academic Publishers, 1992), 37–47.

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which he (directly or indirectly) contributed, and this is always associated with assessment. In this way, the hospital opens existence to ethics.

The above notions are outlined only in general, so that they reflect the scope of the issues that are of key importance to us. The aesthetic play of the visible and invisible, medical ethics, medical epistemology, pain and disease ontology and the axiology of suffering and health that are inextricably linked to it, and finally the "politicization" of the activities of medical institutions; all these poles determine the philosophical scope of the socio-political meaning that is attributed to hospital institutions. The question to be asked here is not "what is a hospital in its therapeutic, rehabilitation and medical nature?" but rather "what role does the institution of the hospital play in the realm of social imaginations?" After all, the nature of the help provided in the hospital has extremely strong marks of individual assistance and care , which goes into metaphorization in its diversity, i.e. heterotopology. This task is inevitably connected with the mechanisms of political metaphorization, and it arises from unconscious social fears, beliefs and hopes. The numerous attempts to "domesticate" the hospital space in every possible way are the solution to all these problems.[18]

2.1. Hospital as a house and home

Just over a century ago, Pite wrote about the important role of the "human" face of hospital architecture. What was crucial for him was a hospital should be spatious and allow people to move freely in it. Pite cites examples of hospital institutions from the past whose cramped spaces hindered work and recovery. He also draws attention to the essential role played by windows: they must be large, because they not only provide optimal access to light and improve the aesthetics of the rooms, but also because glass plays a helpful role in ensuring the proper level of sanitation.[19] The obvious effect of this architectural approach was to soften the face of hospital institutions by eliminating the atmosphere of terror, inaccessibility, and the "darkness and confinement" of medical minds. The interior of hospital rooms must inspire the trust of patients

[18] Jean A. Gilmour, "Hybrid Space: Constituting Hospital as a home space for patients," *Nursing Inquiry* 13, no. 1 (2006): 17.

[19] William A. Pite, "Philosophy in Hospital Architecture," *The Hospital* 1916, no. 61: 89.

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and its guests. Room aesthetics should, therefore, be neutral, in line with the aesthetic requirements of every public space. Two, seemingly opposite, poles should be reconciled: spaciousness (distance) and proximity (professional assistance, specialist equipment, walking aids, sophisticated measuring apparatuses), institutional frigidness with the warmth of the household.

Pite's short article also addresses the issue of "ornamentation" in hospital rooms. The author notes that the rooms occupied by patients may have a better impact on the recovery process if they were arranged in a more "homely" manner. However, it turns out that this is not entirely possible, because each patient would arrange his surroundings in a completely different way. As a result, the aesthetics of the rooms would deviate from the objective standards proper to medical institutions, thus disturbing professional, standardized convalescence. Aesthetic neutrality, in turn, forces adaptation, in which each patient must find individual relief, while remaining universal. Although the author does not exclude the possibility of artistic arrangements, he notes that it is not these arrangements that are imperative in architectural decisions, but the creating conditions that facilitate quick and efficient work.

The issue of domesticating hospital space, especially in palliative and geriatric care, makes it impossible to ignore these types of issues. The metaphor of home, home atmosphere, return home, etc. is very heavily used here. After all, "being at home", writes Pite, connotes quite differently than "staying at home." To explain the first of these phrases one must refer to the Heideggerian "being-in-the-world", against which the second phrase would only have an instrumental function. In turn, "being-in-the-world", explains Jeanne Moore in the context of hospital conditions, refers to subsequent concepts that can be divided here into constructivist (roots, apartment building, environment, country), and existential (intimacy, privacy, sense of security, comfort, relief, holiness, family).[20]

This close correlation of the home metaphor and corporeality is perfectly explained by the phenomenology of the body. For Maurice Merleau-Ponty, time and space are not additions to corporeality, as it is the body that encapsu-

[20] Cf. Jeanne Moore, "Placing home in context," *Journal of Environmental Psychology* 20, no. 3 (2000), 207–217.

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lates both of these dimensions, and the local range of this encapsulation is always a measure of a given existence.[21] Therefore, since the body inhabits time and space, in a way transcending both of these dimensions, the hospital cannot remain indifferent to such conditions of existence. Space is not an objective entity here, but is somewhat secondary to corporal mobility; therefore, it is not, as Aristotle wrote, a condition of body movements but their effect. On this basis, the issue of ethics emerges and especially the difficulty of transforming the effect of the conditions in which the patient was placed to the conditions of living. Can being in a hospital where the patient feels uncomfortable, where mobility is restricted, and self-confidence is diminished under the pressure of a constant gaze, be still called "housing"? The reduced degree of "embracing" hospital space, which the imagination imbues with sickness, certainly does nothing to affect existence positively. An additional difficulty is in this case the state of the disease, which plays its part in lowering the limits of perception (e.g., spatial perception disorders may bring about dizziness, nausea, disturbance in distance assessment, etc.). As a result, the relationship between the building and the home function is severed, and the institution goes into extitution.[22] Place and body are transcended by unrecognizable and inexpressible spatiality. Jacques Derrida drew attention to this problem in his examination of this inexpressibility on the basis of the Platonic conception of the *khôra*. He writes that the *khôra* is not a substance, but a form that creates differences in our perception of the environment. Space itself (therefore also the spatiality of the body) is its creation.[23] Now we can better understand the difference between institution and extitution. Milligan wrote:

[21] This is how Merleau-Ponty explains this concept: "We must therefore avoid saying that our body is *in* space, or *in* time. It inhabits space and time. If my hand traces a complicated path through the air, I do not need, in order to know its final position, to add together all movements made in the same direction and subtract those made in the opposite direction. […] At every moment, previous attitudes and movements provide an ever ready standard of measurement." Cf. Maurice Merleau-Ponty, *Phenomenology of Perception*, trans. Collin Smith (London–New York: Routledge, 2005), 161.

[22] Michel Serres, *Atlas* (Paris: Julliard, 1994), 67.

[23] Jacques Derrida, *Chora*, trans. Ian McCloud, in *Chora L Works*, eds. Jacques Derrida, Peter Eisenman (New York: The Monacelli Press, 1994), 68.

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> The traditional arrangements of attendance based on institutional structures and spaces are replaced, as new emerging entities are identified that may resemble the old institutions, but which are virtual and apart from the building. In other words, the extitution represent a de-territorialisation of the institution and its re-manifestation through new spaces and times that create the potential to end the interior/exterior distinction. This deterritorialisation is characterised by the time-space heterogeneity that embodies the new speeds and spaces through which the extitution operates.[24]

Based on the above considerations, we can now better understand the issue of "embodiment", "humanization" and then "domestication" of ontological space to the extent that Heidegger presents. After all, only creatures capable of dwelling take on the task of building. Existence and mortality are related to dwelling. The house, the household, explains Heidegger, is a category much broader than shelter: "The truck driver is at home on the highway, but he does not have his shelter there; the working woman is at home in the spinning mill, but does not have her dwelling place there; the chief engineer is at home in the power station, but he does not dwell there."[25]

Existence is, therefore, inseparably bound with dwelling, and dwelling with building. Architecture and the related construction work are not foreign to ethics: "in proper building practice – in housing – there are both ways of building itself: care and erecting houses."[26] In essence, therefore, Heidegger writes, it is our dwelling that erects buildings, humanizes and defines the relationships of individuals in the newly created institution (hospital, family home, etc.). This is the existential dimension of the constructivist extitution.

The "philosophy of dwelling" makes it possible to study the phenomenological and existential sense of intimacy, which in a hospital setting is put on display, but is so characteristic and obvious in domestic space. Architecture alone is insufficient. In the societies of early man, home was the place not only for the rest or living but also for recovering under solicitous care and that was

[24] Christine Milligan, *There's No Place Like Home: Place and Care in Ageing Society* (Burlington: Ashgate, 2009), 21.

[25] Heidegger, "Building, Dwelling, Thinking," 143–144.

[26] Ibidem, 144.

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distinctive from other creatures.[27] Here, the Heideggerian approach suggests that in more advanced societies, dwelling raises the need to build medical facilities, that only when existence is domesticated (i.e. in hospitalization) can we talk about saving lives, treatment, convalescence. In "Building, Dwelling, Thinking" we read:

> a space is something that has been made room for, something that is cleared and free, namely within a boundary. [Further] Space is in essence that for which room has been made, that which has been let into its bounds. That for which room is made is always granted and hence is joined, that is gathered, by virtue of a location, that is by such a thing as the bridge. Accordingly, spaces receive their being from locations and not from 'space.'[28]

Thus, only in an architectural space, designed in advance to fulfill the role of "being-at-home", is it possible to recover, to come back to full strength. In other words, only in the space of being-at-home can one fully recover, i.e. return-to-oneself. In this way, providing the patient with the condition and feeling of "being at home" becomes a matter of life and death. Heidegger claims that the need for security, which is not so much the foundation of our existence, but rather a gateway to the world of existential human values, is indispensable for how hospitals are represented. At the same time, however, the walls themselves are no longer the final result of these treatments, but rather they only constitute a framework for proper practices, in which, apart from medical knowledge, moral practice and axiological wisdom have to cohabitate. The necessary sensitivity in this situation goes far beyond the limits medical knowledge: the situation is different in the case of short stays in a hospital, e.g. for the purpose of performing some kind of examination or minor surgery, as opposed to long periods of hospitalization, and is still different when the prospect of ending the hospital stay is synonymous with death (e.g. in the case of the elderly).

[27] Sherwood Larned Washburn, Irven De Vore, "Social behavior of baboons and early man," in *Social life of early man*, ed. Sherwood Larned Washburn (Chicago: Aldine, 1961), 99.

[28] Martin Heidegger, "Building, Dwelling, Thinking," 152.

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Summary

Today, geography and architecture have strong existential features, even when they fulfill exclusionary functions. The seclusion of the mentally ill in closed centers and quarantines in locked down infectious disease wards reveal a strong fear of the unknown, but also decisive steps in the fight against diseases. The practice of enclosing sick people in hospitals is akin to that of imprisoning convicts (Goodman 2013). In this way, heterotopology turns the hospital into a place of imprisonment.

However, the relationship between space and Life in heterotopology is much more complex. Heterotopology explains how the healthy and the sick perceive hospital space and its functions (Moore et al. 2013). The interpretational possibilities are endless here (Gilmour 2006). Apart from organizing knowledge related to health and illness, hospital heterotopy organizes physical space and the imagination in a fundamental way: it defines communications routes, organizes urban traffic, influences cultural ideas about care, health, trust in medical authorities, the social role of a doctor, etc. It is the test of socio-cultural awareness about health and illness, commitment to treatment and recovery processes; it illustrates beliefs about the level of medical knowledge and its technological capabilities.

The key point, however, is that not buildings, not spaces, and therefore not heterotopias, are the right source of this paradigm. After all, they are all the result of specific theoretical projects (i.e. architectural plans). Where, therefore, should we look for the source? Immanuel Kant's *Critique of Pure Reason* asserts that space is not a phenomenon, but an a priori condition for the occurrence of all phenomena that can be perceived by a transcendental subject, and is thus an intuitive "a priori form of sensibility".[29] When speaking about the "space of thought", "dialogue space" or "space of communication", we are referring to the Kantian form of transcendental aesthetics. However, it seems that as a form of pure reason, space has limited heterotopic possibilities. Gilles Deleuze and Félix Guattari address this issue through the concept of "geophi-

[29] Cf. Immanuel Kant, *Critique of Pure Reason*, trans. Paul Guyer, Allen W. Wood (London – New York: Cambridge University Press, 1998), 158.

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losophy", a philosophy of thinking that appears to be inseparable from the ontology of places. Deleuze's and Guattari's nomadic thinking (i.e. the fundamental genesis of meaning, at the stage of which there is no dualism of sense and being, theory and practice, or soul and body) "produces" a space that is an immanent, but no longer a priori, component of meaning. An example is the Nepalese "world map": "mandala is a projection (of transcendence – note by W. M.) onto the surface on which the levels: divine, cosmic, political, architectural, organic – are values of the same transcendence".[30] Being and meaning are the same here, just like space and the word. It is here that we find the proper source of heterotopia, as buildings are not what shapes thinking. The problem should be posed differently: the source of heterotopia is the indivisible element of thinking and being, the architectural design and the final effect of hospital buildings, and finally it is the relationship health and illness shares with stone, cement, glass and the area where they meet. The accumulation and folding of meaning in heterotopia is inevitable.

Accordingly, space can have medical significance, and Foucault's structuralist philosophy can be seen to turn towards the philosophy of existence. Gesler writes: "landscapes related to disease have been treated in terms of landscape epidemiology, as place where disease is feared, or simply as «sick places»" (Gesler 1992). In this way, space is saturated with health or disease, vitality or weakness, Life or death. In this situation, building a shelter for your weaknesses appears to be a completely natural course of action, which Tuan attributes to the enormous sentimentality that man endows a place, calling it 'field of care', and one of the goals of human life is to search for such spaces[31] or, I think, to produce one's own. Temporary weakness resulting from a medical condition, the need to take shelter and give oneself to the care of others, or psychophysical passivity – all have contributed to building places of convalescence, peace and sanctification for many centuries. Susan Sontag writes that today, in times of crisis of values, perhaps it is disease that remains sacred. If so, the difference

[30] Deleuze, Guattari, *What is Philosophy?*, 102.

[31] Yi-Fu Tuan, *Space and Place. The Perspective of Experience* (Minneapolis-London: University of Minnesota Press, 2011), 164.

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between health (which we do not pay attention to) would be "difference between the sacred and the profane, or the human city and City of God."[32]

It is crucial that hospital space and residential care homes be designed and arranged to resemble family homes. What for some is the freedom of home can in the case of hospitalized people become a nuisance to others. Difficulties, conflicts and compromises are inevitable. Here is a description of a situation in a nursing home, where emotional distance was evident:

> Our concern was such that we took clinical advice and agreed to place my mother in the dementia wing of a psychiatric hospital for a six-week period of assessment. I can only describe this place as truly awful. Whilst architecturally the setting was wonderful, the staff attended only to the personal and medical needs of the patients, there was no attempt at therapy or occupational activity. Those in for assessment were placed in a locked (and mixed) ward, with no locks on the bedroom doors. The restless nature of the dementia suffered by some of those in the ward meant that they regularly wandered in and out of their fellow patients rooms, opening doors and cupboards and taking their belongings. Staff in the unit appeared to have little comprehension of the extent of distress this caused both patients and their families. On one occasion my mother was attacked by a fellow patient, on another occasion, a fellow (male) patient lay screaming across the doorway to her bedroom. My mother refused to go to the communal bathroom in the night for fear she would meet one of these patients. She was continent on entry to the hospital ward and almost fully incontinent on leaving the place six weeks later. Don't get me wrong, I am sure that by the very nature of my mother's illness she is likely to have been responsible for a share of the disruptive behaviour in the ward. But I remain convinced that much of the distress could have been avoided had the hospital ensured that in-patients were able to enjoy a modicum of privacy and that some activities or occupational therapy were available. It was clear at the end of her period of assessment that my mother's mental health had deteriorated to such an extent that we would be unable to care for her at home.[33]

In a hospital heterotopia, various feelings accumulate without restrictions: exaltation and humiliation, joy and sadness (suffering), a sense of justice and

[32] Susan Sontag, *The Complete Rolling Stone Interview by Jonathan Cott* (New Haven – London: Yale University Press, 2013), 15.

[33] Milligan, *There's No Place Like Home*, X.

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injustice, etc. It is only thanks to heterotopic space that ideology, axiology, ethics and morality come to the fore. The hospital space is always saturated with them, and they become almost palpable in moments of intensive work.

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Streszczenie

Heterotopijny szpital. Architektura, egzystencja, choroba

Artykuł przedstawia koncepcję heterotopii autorstwa Michela Foucaulta w jej zastosowaniu do przestrzeni szpitalnej (filozofia medycyny). Przestrzeń ta jest przesycona znaczeniami, metaforami i relacjami władzy. Wszystkie one mają wpływ na powrót do zdrowia przebywających w niej ludzi. Przestrzeń wywiera więc silny wpływ na nasz sposób myślenia w ogóle, przestrzeń „produkuje" myślenie, zatem myślenie, nawet jeśli jest aktem teoretycznym, ma charakter przestrzenny.

Słowa kluczowe: heterotopia, Foucault, Heidegger, filozofia medycyny

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Zusammenfassung

Das heterotopische Krankenhaus. Architektur, Existenz, Krankheit

Der Artikel stellt das Konzept der Heterotopie von Michel Foucault in seiner Anwendung an den Krankenhausraum dar (Medizinphilosophie). Dieser Raum ist mit Bedeutungen, Metaphern und Machtverhältnissen getränkt. Sie alle haben einen Einfluss auf die Genesung der sich dort befindenden Menschen. Der Raum übt folglich einen starken Einfluss auf unsere Denkweise an sich aus, der Raum "produziert" das Denken, deshalb hat das Denken, auch wenn es ein theoretischer Akt ist, einen Raumcharakter.

Schlüsselworte: Heterotopie, Foucault, Heidegger, Medizinphilosophie

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