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THE EVOLUTION OF THE HOSPITAL ENVIRONMENT FROM THE PERSPECTIVE OF FOUCAULT'S THEORY OF SPATIAL POWER

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The "theory of space", which focuses on spatial power, is an important part of Foucault's political philosophy, and the discussion of the issue of "hospital space" reflects the uniqueness and reality of his political philosophy. From the transformation of hospital space into medical space, clinical medicine and the politics of disease classification were born, and the health of the population became the fundamental goal of political power. From Foucault's theory of the space of power, the article explores the history of spatial evolution of the hospital environment and its implications for hospital spatial design.

Key words: *hospital space, spatial power, spatialization, environmental design, clinical medicine*

INTRODUCTION

Foucault as the 20th century, France and the world is very rebellious and very influential thinker, it has established a very complex theoretical system, in his lifetime theoretical research career, his doctrine involves a very wide range, in the world is widely circulated, the influence is very great its elaboration and construction of the theory of spatial power is one of his theoretical systems is worth paying attention to the theoretical characteristics and highlights.

Foucault's "theory of spatial power" refers to a theory of micro-power that occurs only in a certain spatial relational field, and that acts on individuals in a sustained, microscopic way. From the point of view of the spatial field of power, the specific ways of monitoring, coaching, and practicing disciplinary actions need to rely on material enclosed places. The famous panopticism demonstrates the deviant and nuanced punishment of social norms by power. Foucault points out that political power, before it is imposed on ideology, is imposed on the human body itself in the form of concrete, materialized, tangible space. Foucault uses extensive research on hospitals, prisons, cities, and other types of spaces of power as a baseline for articulating the interaction between spatial power and free individuals.

Hospitals, along with schools, barracks, workshops, prisons, and so on, constitute the main sites for the operation of the kind of political power that Foucault focuses on as the intermediate between the individual and the state, and it is through these particular spaces that power can be exerted on the individual and



encountered in the face of his or her resistance. The interrelationship between medical power and medical space is an important theoretical and practical issue with which Foucault was familiar and which he explored throughout his life.

PURPOSE

In *Naissance de la Clinique* [1], Foucault reviews the entire development of Western medicine, from categorical to symptomatic to clinical medicine, as well as the evolution and change of space corresponding to these three stages of development, and even the history of change and evolution of the specific positioning of particular diseases, and of the way in which doctors treat the bodies of their patients, within them, that is, the history of three spatializations. For Foucault, modern clinical medicine is a politics, and the hospital is the space in which the power conferred by this politics operates. Foucault's theory extends from the interaction of power in the doctor-patient relationship to the spatial realm of the hospital, revealing that hospital medicine, as a means of population governance, is a kind of "la bio-politique", or politics of life, that regulates the population. Hospital space, as a unique type of space, has undergone a series of metamorphoses from a place of indoctrination to a place of shelter to a place of healing in the evolutionary iteration of the way power works. This change is worth digging deeper to find insights into the environmental design of modern healthcare spaces.

RESULTS AND DISCUSSION

Hospital architecture is one of the most complex building types, deeply influenced by the changes in social relations of production and human knowledge of disease. Its masterplan, site and regional environment, architectural arrangement and traffic organization are all linked to spatial power.

The history of human civilization is also the history of the struggle against various diseases. Diseases have been around for a long time, but hospitals, as a means of treating diseases, do not have the same ancient history as diseases. The asylums for the insane in classical times were not hospitals in the modern sense. According to Foucault, before the 18th century, the ideal patient in a hospital was the dying poor. In those days, politics had limited influence, but medicine, and even so-called science, possessed an objective presence that transcended ideology, and this transcendence of medicine was entwined with religion, reinforcing its authority. In medieval and Renaissance hospitals, religious figures were responsible for the "salvation of souls" of patients. Architecture was associated with expressions of power and divinity, with buildings expressing the rule of monarchs or the supremacy of God, and was highly religious, with many hospitals and care centers adopting a cruciform layout, linking medical healing and religious beliefs.

Between the mid-17th century and the end of the 18th century, Europe's political and military conflicts were intense, and the size and power of war internment institutions grew. At the same time, perceptions of disease were gradually removed from the bounds of religious rituals, and the means of healing favored physical surgery and isolation of the sick and diseased. The sick, the poor, and the criminals were imprisoned as "irrational" people, in what Foucault called the Age of the Great Confinement. The powers that be realized that large numbers of incarcerated people could be economically productive in the form of reformed labor,



and at the same time avoid frequent riots. At this time, internment was born as a tool for social improvement. The bourgeoisie needed new ideas and tools, and the traditional religious means of building up faith and authority were discarded. The "social improvement" was the institutional tool corresponding to the secular culture propagated by the bourgeoisie, which was embodied in hospitals, including but not limited to all kinds of isolation-type places of refuge, where theology was withdrawn, and the control of diseases was strengthened. In his time, the hospital took on new forms as an instrument of improvement. It was widely recognized in the medical profession that lack of air circulation meant that disease could be spread unchecked. Therefore, ventilation became an important element in the design of hospitals by architects. It can be noticed that when hospitals were used as a tool for improvement, their role was to isolate those infectious diseases from the general population. Hospitals served only the abnormal people and were spaces of social exclusion and isolation that distinguished them from the upper classes [2].

In the late 18th and early 19th centuries, when hospitals were used as places of healing, a conflict arose between the rationality of truth and the rationality of the state, which, to ensure the containment of disease and the health of the population, made extensive use of disciplinary techniques in the hospital space to ensure that major political and economic decisions were not compromised. In the 19th century, Florence Nightingale, from the perspective of facilitating the care of the soldier, demanded that buildings used for medical treatment focus on the expression of light, ventilation, noise, hygiene, and internal spatial environment. noise, hygiene, and expression of the internal spatial environment. The Nightingale hospital was the original model for thinking about the design of healthcare buildings from the patient's point of view, incorporating the concept of humanism. According to Foucault, it was not the advancement of medicine, but the emergence of the politics of disease classification, which focused on the health of the population, that marked the birth of modern medical space in the 18th century. The state's need for economic development, its concern for the individual, and its requirement to interrupt infectious diseases together constituted the driving role in the evolution of modern hospital space. Beyond this, the design of hospital space was also a therapeutic tool, and in addition to maintaining air circulation, avoiding viral contact and bacterial transmission, as described above, the subdividing of space into categories and the opening of space, carefully segregating individuals under surveillance to ensure all-encompassing surveillance was also part of the equation, and the hospital gradually came to exist as a "therapeutic machine". The hospital gradually came to exist as a "therapeutic machine" [3].

CONCLUSIONS

Foucault made the judgement that it was not the advancement of medical technology that drove the hospital space from a space of indoctrination to a space of internment to a space of healing, but rather the technology of the operation of power, i.e. the implementation of abstinence. Changes in the ways in which the technology of abstinence is used in the hospital space and the intervention of medical practice in the environment are two parallel processes that exist in the evolution of the modern hospital. New forms of detoxification, using modern



screening equipment and software as a vehicle to infiltrate and control the lives of individuals and rationalize their detoxification, and the increasing involvement of power in the realm of health and disease. The design field should think about how architecture can be combined with advanced building technologies and urban strategies to enhance the sustainable development of cities and to cope with a series of life and health related topics such as ageing. The technological advancement of medical treatment alone cannot guarantee the health of human life, and no matter how the spatial form of a hospital is changed, it cannot guarantee the perfection of the social and medical ecosystem, but it can promote the healthy development of the whole urban medical system through flexible spatial strategies. With the enrichment of health connotation and the wide application of bio-psychosocial medical model, the medical environment pays more attention to humanized design. More studies have begun to optimize and study the quality of healthcare environments by taking patients' psychological feelings or environmental experiences as an entry point [4].

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ЕВОЛЮЦІЯ ЛІКАРНЯНОГО СЕРЕДОВИЩА З ТОЧКИ ЗОРУ ТЕОРІЇ ПРОСТОРОВОЇ ВЛАДИ М. ФУКО

"Теорія простору", яка фокусується на просторовій владі, є важливою частиною політичної філософії Фуко, а обговорення питання "лікарняного простору" відображає унікальність і реальність його політичної філософії. З перетворення лікарняного простору на медичний простір народилася клінічна медицина і політика класифікації хвороб, а здоров'я населення стало фундаментальною метою політичної влади. Відштовхуючись від теорії простору влади Фуко, робота досліджує історію просторової еволюції лікарняного середовища та її наслідки для просторового дизайну лікарень.

Ключові слова: лікарняний простір, просторова енергія, просторовість, дизайн середовища, клінічна медицина