

## IMPERFECT HEALTH - THE MEDICALIZATION OF ARCHITECTURE

Mihaela (GRIGORESCU) ZAMFIR

Assistant Professor, PhD, Arch., "Ion Mincu" University of Architecture  
and Urban Planning, e-mail: mmg\_architecturestudio@yahoo.com

The book produced by Canadian Centre of Architecture and Lars Müller Publisher constitutes an important contribution to the contemporary research of architecture in the context of anxiety about pollution, food safety, smog, obesity and aging, extending the studies produced for the exhibition with the same name in 2012.

Edited by exhibition curators, Giovanna Borasi (Curator of Contemporary Architecture, CCA), and Mirko Zardini (Chief Curator and Director, CCA), includes besides exhibition researches essays by leading academics Margaret Campbell, Nan Ellin, David Gissen, Carla C. Keirns, Linda Pollak, Hilary Sample, Sarah Schrank, and Deane Simpson.

**Imperfect health- the medicalization of architecture** investigates in a sort of historical way the relations between health, design and environment but without this relationship being an arid one, rather it deals with critical writings projects in order to reveal uncertainties or contradictions that are found in the contemporary theories about health in North America and West European countries.

The reader may face some important questions about the role of architecture for environment health by prevention or cure. The fear of illness is disputed, the medical role of architecture is meant to be more a caring one for its inhabitants. Non-medical problems of daily life are exaggerated and transformed into medical ones, being

defined in medical terms. The known social role of architecture gets new curative, medical valences, borrowing sometimes too much from medical vocabulary and from the role of medicine.

Contemporary architecture extracts its innovative essences from interferences with related fields. Arts, psychology, sociology, engineering, medicine, gerontology come up with their professional experience, enlarging architecture's universe. Medicine has an important role in some of architecture's fields. For example, one of the last chapters, *Gerotopias* reveals the importance of medical and gerontological knowledges by means of which architecture proposes new concepts, new forms and new functions according to the contemporary society. But these knowledges must be used in order to purchase to a more caring, demedicalized architecture.

First chapter, *Demedicalize architecture* shows the excessive concerns of the contemporary society for health, it already speaks about a new *moralistic philosophy, Healthism. Staying in shape, Youthfulness*, all these tendencies must be supported by new environment urban planning policies. City is likened with a body that could be healthy or sick, could be cured or poisoned. Architecture could have therapeutic properties, therapeutic functions or can be only placebo architecture, could have a great or not so great body. Urbanism and architecture's tendencies are modeled by medical visions. But it should not be

forgotten the social role of architecture, book urging is to remember that architecture *cares* before *cures*.

Next chapter, *Allergic landscapes, built environments and human health* submits for considerations about implications of allergies of different components of sites and buildings. For example, it comes the question of creating healthy homes for those with asthma and allergies. The proposed solution is *to make the home environment impermeable or to promote ventilation*. An interesting discussion is raised by natural and synthetic materials and controversial use of one or other.

*Allergists [...] generally saw nature as a source of danger, and man-made interiors as well as synthetic cleaning products that removed dangerous proteins as a marked improvement [...]. More recently, synthetic products used as dyes, fragrances, adhesives, paints, preservatives, cleaners and insecticides have been implicated in human disease.*

It raised also the discussion about insulation of building that is very fashionable today in Romania, about advantages or disadvantages of this. In Europe, Canada and United States the authorities take very serious issues at the intersection between architecture and health. In the end of the chapter are synthesized three dichotomies that are found in the attempts of improving working or living environment: *whether to view environmental health as a problem of "special populations" or to see all bodies as at-risk; whether to rely on specific technological fixes such as comprehensive heating, ventilation and air conditioning systems or whether to use broader design principles; and finally whether to see buildings and human bodies as impermeable to their environments, or to understand them as situated and vulnerable to forces that cannot be controlled, but which we can perhaps anticipate and adapt.*

The chapter *A theory of pollution for architecture* offers three perspectives of considering a moral critical – aesthetic relationship between architecture and pollution: representational, material and historical.

*Architecture begins and ends as a representational form of professional practice.* David Gissen, the author of this chapter presents how architecture tends to represent pollution in different periods—from *large smoke stacks and darkness of horribly polluted cities to human exhalation and urban flows, to heat and noise*. Architecture tends to technologize and pollution is shaping, it becomes palpable.

*Transforming pollution from flow to form allows architecture to uncover the frightening reality of pollution and its inherent presence in the metropolis.*

Architecture can fight against pollution in different ways and these are discussed by the author. Today we are speaking about *buildings that absorb the pollutants of the city, about architectural purification schemes*. Pollution can be also view as material. The old industrial sites with a historical value are preserved and with it the pollution that existed there or its tracks.

*By giving pollution a historical aesthetic register, we see that even those contemporary forms of pollution that frighten us can become history too, although they never fully disappear.*

The author's discussion has a significant role in how today's architecture relates with the pollution and proposes a critical-aesthetic approach to it. The discussion about architecture and the medical influence has a significant debate in the period of Modernism and is revealed in the chapter *Strange bedfellows: Modernism and Tuberculosis*. The Modernism breaks the

classical canons and comes with a fresh new different perspective about architecture and urbanism—the purity of form, *the form follows function* and also the importance of clean, large, enlightened spaces. The modernist perspective respects the medical principles about good ventilation of interior spaces, about their lighting (*the health benefits of sunbathing, hygienic lifestyle*). This chapter captures very well the relation of the architecture and urbanism of the early twentieth century with the medical discovers such as tuberculosis cure. The modernist architecture despites *unhygienic housing*, and promotes new principles: large, windows, flat roofs, deep verandas. The modernist architects shows the medical benefits of flat roofs such spending time in fresh air and sun bathing as much as is possible. The exposure to fresh air was recommended also in the earlier periods. Although the discovery of the antidote for Koch bacillus was of the greatest importance for the age, the previous principles such sun and ventilation unfortunately most often used in sanatoriums were brought to the fore by architecture for housing. The treatment of tuberculosis went hand in hand with the flat roof, the terrace and balcony and the rediner chair. The Modernism was the first current of architecture that relates tight with the medical discovers and indications, particularly to the discovery of the tuberculosis treatment and this idea is very well captured by this chapter. The role of architecture is slids between placebo and real one effect and the discussion stirs interesting interdisciplinary polemics.

Next chapter, *Emergency urbanism and preventive architecture* shows a global perspective of the impact of illness over the city. With a historical perspective, the author points out the disturbance of the urban status quo, *the destabilization of public space and life-sustaining infrastructures* and shows how today's urban epidemics

*Imperfect health - The medicalization of architecture* • M. (Grigorescu) Zamfir

change the physic of the city. The chapter highlights the interdependency between sickness/health and the image of the city and reveals the coexistence of the two sides: health city, sick city.

*These unpredictable and disruptive physical changes to urban space produce a greater distinction between the healthy and the sick.*

The contemporary urban epidemics bring with them *public fears, evacuations*, all these having a serious impact to the city. Are outlined the differences between *isolation* and *quarantine* and what are the influences to the city and its architecture. Finally, are discussed organization of global health surveillance, management of epidemics and strategies for defending the city.

*And if the city will always be at least partly sick, architecture too requires deliberate strategies with health in mind.*

The next chapter has a more architectural approach in the fenomenological spirit, *Your city yourself* shows the importance of the people of the city, of their way of living, their expactancies, dreams, culture, gender.

*[...] healing our selves and our places go hand-in-hand.*

In the spirit of Heidegger and Karsten Harries, it is point out the importance of knowing *how to live in order to design for life*. Knowing of living supposes the real experience of living in good, beautiful cities but also having specialists to design together with the community.

A very interesting and contemporary side tackles the following chapter, *Architecture as infrastructure for interactivity: the need for desire*, the relation between a most common problem of our age, obesity and architecture. *Burn calories, not electricity* is promoted as a dictum in USA where the obesity is

unfortunately an uptrend. The chapter explores the conferences Fit-City (2006-2011) and shows the main ideas in order to promote physical activity through design.

*"[...] the shift from infectious to chronic disease reflects a shift in the notion of health from what it meant to live in a nineteenth-century industrial city to today's more complicated framing, in which health has to do with one's own self in relation to things and other people. This framing of health exceeds a medical paradigm, engaging issues of lifestyle, which require a holistic approach to be comprehensively addressed."*

Is promoted the notion of interactivity, architecture as infrastructure for interactivity no matter of scale, site or program. Are discussed outdoor classrooms, the potential of an integral relationship between school and park, the focus on walking, the support of diversity, the design of buildings (for example how to place staircase comparing to elevator). However, this chapter raises an interesting question, how architecture can balance the accessibility issue for disabled people, the principle of Universal Design with the encouragement to be active and to do physical exercises.

*Gerotopias* investigates one of the twenty-first century trends, the ageing of society, the longevity revolution. It is estimated that for the first time, in 2050 will be more elderly than children. This trend is discussed more in relation to the situation in the U.S. and is quite foreign to the Central Eastern European realities: *new leisure class, freedom from the responsibilities*, these are a few of the components that have impact to architecture and urbanism. Urbanization and society ageing are the most important changes of our times and have

different impacts depending of region and culture.

The last chapter, *Sunbathing in suburbia: health, fashion and the built environment postwar trend for indoor-outdoor living*, investigates the impact for architecture of some optical changes related to sun exposure that is considered since the 30's beneficial for health, the universal panacea. These optical changes have impact in dwelling's architecture, how the plans or courtyards are designed, it talks about indoor-outdoor living experience. From the 50's, appears the need for new backyard features and home adaptations, the swimming pools are very fashionable. These changes bring with them new, translucent artificial materials, materials like plastics and corrugated fiberglass. The discussion is brought up to the present, when exposure to the sun is questionable and brings other discussions on sun protection. However, *"What was initially understood as an inexpensive way to provide health and natural living to masses of people has evolved into a highly individualized, private and in many cases narcissistic lifestyle experience."*

The book offers a collection of chapters written by different authors starting from medical discussion topics. Even if it ends without an integrative conclusion, *Imperfect Health-The medicalization of architecture* is a subtle plea for intelligent taking over of the information from the medical fields and using of these information in the intelligent design of the contemporary architecture. Even if medical discoveries that succeed with an increasingly rapidity are invaluable to the evolution of the society and increasing life expectancy, the subliminal message of the book is just the opposite of book's title, demedicalize architecture rather than medicalize, keep balance in and through architecture.