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From *Bricolage* to Speculative Design:

Creative Methodologies for Hospital and Healthcare Design Futures

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Abstract: This article explores the potential of speculative methodologies to help reimagine and reenergize elements of healthcare and hospital design. It examines the intellectual and clinical heritages of bricolage in French thought, before mobilizing dialogues between bricolage and speculative design methodologies, such as design fiction. A cross-fertilization of bricolage and speculative design, we propose, opens up creative, playful, and critical spaces for the reappropriation of the material assemblages of healthcare environments. Whereas bricolage is often conceived of as an emergency 'make-do' measure, we propose that bricolage, brought into contact with speculative design methods, can deliver pragmatic tools for reimagining healthcare futures.

THIS ARTICLE UNDERLINES THE URGENT NEEED for interdisciplinary, creative, and speculative methodologies in hospital design to imagine alternative future environments for healthcare. Such methodologies exist in the arts, humanities, and social sciences, co-activated in the field of the broader medical and health humanities. We underline the vital role that French speculative methodologies and discourses of *bricolage* might play in this regard alongside contemporary French philosophies of medicine and healthcare, particularly in conjunction with wider developments in speculative design and design fiction, as well as scholarship on the dynamic assemblages of hospital and healthcare contexts in the medical anthropology and health geography literatures.

Speculative methodologies allow us to respond to a moment when hospital design seems stuck in a loop, often reproducing the material and socio-cultural forms of hospital pasts and presents. Andres Lepik and Tanja C. Vollmer have diagnosed a certain complacency in hospital design, wherein the hospital's diverse user groups often dismiss the

physical environment of healthcare as a secondary concern.[1] We have become accustomed to *inhospitable* healthcare and hospital design:

> Only a few and usually only large, highly specialized architectural firms are [...] in the position today to deal with the medical, organizational, and technical requirements for the construction of new hospitals, and to do so within the formal and temporal specifications of competitions and the awarding of contracts. At the same time, have the needs of patients and staff – the psychological aspects – fallen by the wayside in [...] the one-sided prioritizing of technical-organizational and functional aspects? (Lepik and Vollmer 9)

Julie Zook has also highlighted a certain stalling within hospital design ambition, in her emphasis on the inability of current evidence-based-design (EBD) methods to engage transformatively with future potentialities:

> Explanation in healthcare design research is often based on discrete, individual-level experiences, preferences and outcomes related to building features that are already generally understood to be positive: nature views, privacy, paths free of trip hazards and other broadly beneficial things […]. But this approach to design research runs the risk of too strongly endorsing present conditions, while offering too little with which to transform architecture as a social structure.[2]

Hospital design research, then, has a futures problem: too much 'evidence' is based on what already exists. We propose that speculative methodologies such as *bricolage* and design

fiction can also be considered ‘evidence’ in ways that counteract the pervasive absence of futurity in current EBD approaches.

Such methodologies are often occluded in hospital design. For Joanna Latimer, the emphasis in healthcare on efficiency and routine actively constricts opportunities for speculative thinking and practice which that benefit patients and lead to improved care. Latimer cites the example of an elderly patient asking a nurse to help her go to the toilet, a request that is ultimately refused due to her being told that she is wearing a pad, and the implication that this could slow down the meals round. For Latimer, “helping [Annie, the patient] to the lavatory or even just to a commode by the bedside has numerous ‘speculative’ […] possibilities for nursing”, from aiding her mobility to ensuring she drinks enough fluids.[3] Where hospital futures are actively imagined, they are often uniform, closing down rather than opening up potentialities. In their anthropological studies of hospitals across the globe, Fanny Chabrol and Janina Kehr examine the oft-reproduced imaginary of the hospital of the future:

> the public hospital as loved and hated figure, long criticized for its lack of efficiency, is fading away under the image of clean and technical ‘hospitals of the future’. […] The hospital of the future is presented as intelligent, because digitalization is said to reduce costs and enable organizational rationalization, performance and efficiency.[4]

While they further a conceptualisation of the hospital as “the hospital multiple” – a site of irreducible multiplicity, contradictions, and messy, mobile assemblages – the “‘hospitals of the future’” imaginary described here is built upon the phantasmatic image of the hospital as monolithic, efficient structure.

To counter such an image, we return to the roots of *bricolage* as a speculative mode of therapeutic creativity within French intellectual contexts. We then stage an encounter between *bricolage* and contemporary methodologies of speculative design and design fiction, focusing on the work of contemporary philosopher and queer theorist Paul B. Preciado, before returning to hospital futures.

***Bricolage*'s therapeutic histories**

The term *bricolage* is as plastic as the DIY projects and temporary fixes it describes: it can be an action, product, methodology or metaphor. In contemporary French-language scholarship in the medical humanities, it describes creativity imposed by necessity due to chronic under-funding, from "bricolages populaires" to fight malaria,[5] to the "bricolage logistique" of overstretched hospital supply chains.[6] Unsurprisingly, the term gained prominence during the COVID-19 pandemic.[7] However, this kinship with healthcare is no coincidence. While histories of *bricolage* as an intellectual concept have highlighted its relationship to narrative, its connection to therapeutics has yet to be teased out.

Almost every academic article employing the term traces its genealogy back to Claude Lévi-Strauss's *La pensée sauvage* (1962). In this ethnographic study, he compares classification practices in Amazonian tribes with European biological taxonomies. His primary example is the ordering and grouping of plants with medicinal properties: that is, healthcare. As part of this discussion, he identifies two contrasting epistemological modes. Among the Amazonian tribes, he notes a tendency towards *bricolage* and myth-making, which find their respective European counterparts in engineering and science. Where *bricolage* and myth-making assemble existing elements to build a structure, engineering and science develop a structure to which they fit the elements of the world (Lévi-Strauss 37).

The *bricoleur* works with "les 'moyens du bord'" to tackle problems as they arise.[8] Those "moyens", whether tools, materials or medicinal plants, are "les résidus de constructions et de destructions antérieures," each of which carries a history and properties that condition its future deployment (Lévi-Strauss 31). It is important to note an inadequacy in Lévi-Strauss' vocabulary here. The term *bricoleur* in French has connotations of amateurism or shoddy quality, but he highlights very explicitly in discussing the epistemological method of the Amazonian tribes that these practices should not be placed on a developmental scale culminating in professional European science (Lévi-Strauss 26). The distinction is of kind rather than quality.[9] The *bricoleur* is akin to the myth-maker, combining existing elements (observations about the world, beliefs, and intuitions) to produce epistemological frameworks that explain our world. Lévi-Strauss fuses both impulses in describing the *bricoleur*'s approach: "excité par son projet, [...] il doit se retourner vers un ensemble déjà constitué, formé d'outils et de matériaux [...] et [...] engager avec lui une sorte de dialogue" (32). This is not a one-way interrogation of those objects; but an act of collective fiction that "'parle' […] au moyen des choses: racontant [...] le caractère et la vie de son auteur" (Lévi-Strauss 35). It is not just akin to storytelling: it is itself a narrative act, that germinates in a medical example of care and repair.

Michel de Certeau pursues this association in his study of daily life, *L'invention du quotidien* (1980). Faced with different forms of institution and Foucauldian discipline, De Certeau seeks to shed light on the ways in which people outwit or reappropriate those constraints in a daily *bricolage*. Two metaphors stand out: one medical, one linguistic. De Certeau describes these practices as "les opérations quasi microbiennes qui prolifèrent à l'intérieur des structures technocratiques."[10] In terms that echo our earlier analysis of EBD, he observes that "la statistique […] repère les éléments utilisés, et non le 'phrasé' dû au bricolage" (De Certeau xlv). *Bricolage* tactics are likened to microbes that penetrate the

institutional body to transform it from within, and to the creative use of language, which reconfigures rules and words in ways which are ever new. That institutional body and its grammars operate according to strategies that enact power in space, in the form of specific building complexes and "lieux théoriques (systèmes et discours totalisants)" (De Certeau 62-63). By contrast, De Certeau's lexicon for *bricolage* is that of poaching, surprises, and ruses (61). *Bricolage* is close to *braconnage*, the act of the poacher who in hunting seizes an opportunity and in doing so wrests back control of the land, defying attempts to enclose it for private ownership (De Certeau xxxvi). Reading is for De Certeau an everyday act of poaching. The author may set out a strategic space between the covers, but interpretation of that space is an anarchic, profoundly individual act. *Bricolage* here becomes an antibody, reappropriation of space, and retelling of well-worn stories – physical and narrative restoration are at its core.

Rebellion against corporeal, spatial, and narrative institutions is clear in Gilles Deleuze and Félix Guattari's deployment of *bricolage* as concept and method in their 1972 broadside against psychoanalysis, *L'Anti-Œdipe*. Guattari worked at the Clinique de La Borde with the innovative psychiatrist Jean Oury, who declared that "we need to treat the hospital in order to treat the patient," with the hospital understood as both architectural and discursive *lieu*.[11] In Deleuze and Guattari's vision of the world, "on est tous bricoleurs; chacun ses petites machines."[12] That "on" encapsulates not only human beings but social structures and nonhuman entities, joined in complex libidinal flows. The "schizoanalyse" they propose as an antidote to sclerotic Freudian models aims precisely to understand the ways in which individuals function, with the schizoanalyst becoming a "mécanicien" (Deleuze and Guattari 388-89). *Bricolage* offers a way to look under the hood of the modern world's maladies without moralism and without a constricting normativity. Yet it is important not to be drawn headlong into its romantic allure.

While Lévi-Strauss seeks to decenter a hegemonic form of knowledge, his approach remains extractivist. As Jacques Derrida observes, “la critique de l’ethnocentrisme […] n’a le plus souvent pour fonction que de constituer l’autre en modèle de la bonté originelle,” in a gaze **[*that*]** ~~which~~ remains othering.[13] Deleuze and Guattari’s take on bricolage strikes an equally extractivist note, as it metaphorizes the figure of the schizophrenic. While De Certeau’s approach is about the circumnavigation of disciplinary authority, that elite remains nebulously defined. Such distinctions are difficult to maintain within the world of a hospital, where hierarchies and privileges of all kinds intersect.

Derrida’s view of *bricolage* provides a way into this difficulty. He argues that when we hold “bricolage” up as a fixed concept, we are suggesting something impossible, for *bricolage’*s “faiblesse […] c’est de ne pouvoir se justifier de part en part en son propre discours” (Derrida 194). In theory and practice, *bricolage* can never be self-sufficient. It implies that somewhere out there is a broken whole from which it scavenges its parts. *Bricolage* requires a point of origin, while at the same time rendering it impossible to imagine that very origin: there has only ever been bricolage. The concept ~~only~~ becomes potent only when it accepts the bric-à-brac quality that undermines its structural integrity, opening it up to new configurations. Rather than constructing, “[l]e bricolage se critique lui-même” (Derrida 195), and this is its very strength: it shows the workings of the ways in which we represent our world to ourselves to allow for their reimagining.

The “déja-là” of *bricolage* (Derrida 195) that this article seeks to leverage is its underground therapeutic history (*bricolage* as healing herb, as countercultural microbial antibody, as schizophrenia), and not simply as an apt metaphor. Its conceptual roots in a care informed by environment and situation ground its potential to generate speculative healthcare constructions and narratives. Its emphasis on embodied everyday experience, holistic

questioning of the affordances of objects and situations (not least its own), and re-evaluations of existing structures come together in speculative design and design fiction.

Speculative design and design fiction

Speculative design refers to a design practice aiming not to describe how things "should" be, but rather to "open up spaces of debate and discussion."[14] It is distinct from related Futures disciplines (for instance, Foresight or Futures Studies[15]), which aim for prediction or anticipation, in that it requires holding in parallel multiple potential futures and using them to consider existing presents, (un)desirable futures, and how we intend to implement change to bring us closer to preferable futures. In this way, it can also be used to subversively and reactively critique current design practice and societal norms. For example, through imagining design artefacts that exist to foreground needs of a particular group (such as a self-tracking app for non-human species),[16] we can reevaluate assumptions about technologies, reframe our understanding, and gain new insights into how current practices might marginalize and underserve such perspectives. In this way, Lutz suggests we can "reveal alternate possible futures and unseen trajectories of cultural, technological, environmental, socio-political trends."[17]

Speculative design can manifest in many forms, including scenarios, storyboards or images. However, Design Research has recently seen an increased focus on so-called 'design fiction.' The term, originally coined by futurist, designer and speculative fiction author Bruce Sterling, was popularised by Julian Bleecker's 2009 essay in which he outlines the practice of creating material objects representing speculative design provocations. Design Fiction, by this definition, involves materialising and concretising the speculative process in tangible designed artefacts. While these artefacts are not always physical, for instance they could be a film, a document or even a location) they act as "diegetic prototypes"[18] or 'props

from the future' which manifest the fictional world and provide an immersive experience of the speculations. However, an important point to note is that speculative design does not only relate to the future, but is also able to consider alternate presents.

Bleecker linked the practice of design fiction closely with storytelling, noting that "design can be a way of creating material objects that help tell a story."[19] Design fiction can also be seen as a form of worldbuilding, where fictions contribute to a larger narrative world and act as entry points for exploration of its implications.[20] However, unlike speculative fiction, storytelling is not the only objective. These narrative acts bring forth new creation, and new knowledge, through a change in perspective. Speculative design worldbuilding is seldom simply utopian or dystopian, but explores plausible scenarios of the 'future mundane.'[21] To create design fiction, a designer or design researcher must perform the design process of iteratively exploring and developing all aspects of the artefact – its functionality, aesthetics, user needs and, in the case of digital artefacts, how data is produced, generated, stored, and shared within its systems – and in the process uncover the implications of the speculation.[22] Many early speculative design artefacts were treated as art objects: provocations presented to an audience for consideration. However, speculative design methods are increasingly being combined with participatory approaches.[23] A fully participatory approach might involve participants at all stages of the speculative development, from initial worldbuilding, through speculation and design of the artefacts, to their interrogation.

Speculative and critical design increasingly has a role to play in the medical humanities.[24] Existing speculative design projects have, for example, considered DIY healthcare, examining potential medical devices and their implications.[25] However, speculative design in health and medicine is also increasingly being used to challenge and explore complex questions arising from controversial medical developments. Such "wicked"

problems, which require interdisciplinary approaches, including reflections on policy, include human reproductive technologies,[26] femtech and menstrual tracking,[27] and care for the aging population.[28] In what follows, we explore how contemporary French philosophical and artistic engagements with healthcare contexts evoke, either explicitly or implicitly, *bricolage* and speculative design, as well as routes to participatory co-design and exploration.

Activating *bricolage* and speculative design in and alongside contemporary French approaches to healthcare

Bricolage is a myth-making form of construction which departs from *what there already is* to create new forms, structures, and worlds. Speculative design, similarly, explores the development of new frameworks for alternative presents and futures. Elements of both, we propose, are already present in contemporary French theoretical and cultural approaches to medicine and healthcare, though sometimes latent or dormant, awaiting activation.

Beyond De Certeau's microbiological metaphor, twentieth- and twenty-first century French thought operates in concert with biomedical science and healthcare contexts, from the influential work of Georges Canguilhem, Deleuze, and Michel Foucault, to contemporary figures including philosopher Catherine Malabou, known for her work on the neuroplasticity of the brain; novelists-cum-physicians such as Martin Winckler and Antoine Sénanque, whose works explore and re-imagine the operations of healthcare institutions; and chroniclers of the hospital in cinema, such as documentary filmmakers Claire Simon and Nicolas Philibert. Benjamin Dalton's work has previously suggested ways in which contemporary thinkers in French such as Malabou, Anne Dufourmantelle, and Preciado can offer potent ways to reimagine healthcare and hospital settings.[29] Specifically, Dalton argues that Preciado's philosophical interventions in biomedicine and healthcare go beyond Foucault's biopolitical critique of the clinic in *Naissance de la clinique* (1963) by establishing practical,

material blueprints for subversive, queer re-imaginings of hospitals and healthcare environments (see "Paul B. Preciado's Queer Hospital"). We now complement Dalton's previous sensory approach by examining Preciado as a powerful example of the subversive presence of *bricolage* and speculative methodologies in contemporary French thinking on healthcare and the hospital.

Preciado emphasizes philosophy's capacity to transformatively "hack" medical knowledges, practices, and spaces.[30] In *Testo Junkie* (2008), he conducts a critical biopolitical history of pharmaceutical, biomedical, and technological understandings of gender and sexuality while documenting his own self-administration of testosterone as a tool for self-invention, transformation, and pleasure. Preciado interacts intimately with the material objects and discourses involved in his biomedical transformation: he seeks not merely to analyse the pill but to swallow it, invent with it, *open* it.[31] His auto-theoretical mode refuses the distance of the critical 'observer' of objects and discourses; instead, he plunges into, builds with, and activates them to tell alternative stories.

This is the work of a *bricoleur*. Celebrations of making-do and DIY follow Preciado throughout his work, contributing to the aesthetic texture of what Chris McFarlane terms Preciado's "punk utopia," in which Preciado marshals "a decidedly punk accession to anti-sociality" into "a transformative, collective, future-oriented politics."[32] In *Countersexual Manifesto* (2002), Preciado playfully evokes an embodied mode of *bricolage*, "biocollage," in relation to one of the prescribed practices he invites readers to engage with: "Iteration of a Dildo onto a Pair of Stilettos, Followed by Anal Self-Penetration."[33] He lays out the materials needed for this act: "an enema, a pair of stilettos, two dildos (one small and hard, the other larger and soft), two cords, an armchair" (Preciado, *Countersexual Manifesto* 46). Preciado specifies: "The objective of this practice is to learn to traffic with dildos, turning to a sexual technology similar to that of the biocollage or of grammatology. The exercise consists of

combining cross-dressing and anal self-penetration with dildos" (*Countersexual Manifesto* 46). Preciado's *biocollage* insists upon the necessity of the presence of the body in the act of *bricolage*, or rather, upon the importance of seeing the body as a DIY resource to deploy joyfully and pleasurably in speculative assemblages. Despite Preciado's lexis of *revolution* in his ideas for transforming how we experience sexuality and gender, his approaches to it are articulated through material interactions with mundane objects and situations.

One of Preciado's most sustained engagements with DIY practices occurs in his film *Orlando: Ma biographie politique* (2023): a retelling of the queer gender politics of Virginia Woolf's *Orlando* (1928). Blending documentary with a fictional adaptation of Woolf's text, the film explores the experiences of contemporary trans and non-binary people, all acting the role of "Orlando." The film's aesthetics are unmistakeably "DIY": drawing constant attention to the artifice of its own production through the inclusion of out-takes, audible input from director and crew behind the camera, and the filming of various production techniques and visual effects, including the production of fake snow (see Figure 1). This aspect of the film underlines the importance of the materiality of the objects and environments interacted with by the human bodies; it suggests a confluence between the "DIY" nature of both organic bodies and material worlds. If, as Preciado argues, biopolitical, "pharmacopornographic" capitalism holds the codes and patents to the biomedical construction of the contemporary body, *Orlando* articulates *bricolage* as a mode of speculative world-building that designs alternative environments and forms of embodiment in reappropriating and making-do with these codes and patents through playful, speculative interactions between bodies, objects, and architectures.

Figure 1: An "Orlando" in the studio in an inflatable paddling pool, with the space full of world-building objects, technologies, and DIY assemblages visible in shot. *Orlando*, directed by Paul B. Preciado (2023).

This anarchic *bricolage* is striking in the film's penultimate scene, set in a hospital operating theatre. Dalton has briefly analysed this scene as central to Preciado's rethinking of hospital spaces ("Paul B. Preciado's Queer Hospital" 38-339). The role of *bricolage* here, however, merits further attention. Dressed in ruffs as well as surgical scrubs, the trans and non-binary Orlandos now form an operating team, wheeling into the room not a body but a copy of Woolf's *Orlando*. In voice-over, Preciado explains, "Nos corps sont des tissus discursifs, des assemblages de fiction et de chair. Opérer, c'est intervenir non pas simplement dans l'anatomie mais surtout dans la fiction politique." The operating theatre is repurposed not as a space of 'cure' but as a workshop for re-mobilizing and transforming the "assemblages" constitutive of the body. By repurposing surgical tools, craft materials, surfaces, garments, textures, bodies, and practices, the scene tampers with socio-political histories of the body and imagines alternative futures. A surgical sheet is placed over the book (Figure 3), exposing a section of the text, from which Woolf's phrase "Violence was

all" is surgically removed via scalpel, followed by a portrait labelled "Orlando as a boy." Preciado's critique is that, in Woolf's book, "les vrai.e.s Orlandos de l'histoire sont resté.e.s invisibles"; in order to rectify this, photographs of real trans and non-binary people throughout history – including Marsha P. Johnson and Preciado as a child, "un Orlando non-binaire de 5 ans" – are surgically grafted to replace the original illustrations in Woolf's text. The operating theatre's silence allows the sonic foregrounding of the ongoing craft, underlining different textures and consistencies of the materials and tools used: the scratching of the scalpel, the scissors as they cut through paper, the thread as it stitches together paper and photograph. The operating theatre's *bricolage* enacts a transformative myth-making in the deconstruction and mutation of Woolf's own original narrative.

Figure 2. A copy of Virginia Woolf's Orlando on the operating theatre table, surrounded by a surgical team of trans and non-binary "Orlandos.". *Orlando*, directed by Paul B. Preciado (2023).

Figure 3. The body as "fiction politique" open to DIY surgical interventions. *Orlando*, directed by Paul B. Preciado (2023).

This surgical *bricolage,* taking as its primary materials the "assemblages" evoked by Preciado, intervenes in the conceptualization of hospitals and healthcare practices as "assemblages" in the anthropology and health geography literatures, including studies of how nurses intervened transformatively in healthcare assemblages during COVID-19.[34] Such work emphasizes how hospitals and healthcare environments are not to be considered monolithic, 'singular' structures but rather dynamic, ever-shifting, plural assemblages.[35] The hospital emerges in Preciado as a material *tissu* or fabric composed not just of bricks and mortar but of mobile assemblages of mutable, plastic bodies; stories and myths, both individual and collective; and endless objects, tools, and textures. While Cameron Duff demonstrates the limitations of "assemblage" as a critical tool in healthcare geographies, suggesting that it undermines empirical focus and critical appraisal of any particular assemblage,[36] Preciado's operating theatre playfully imagines modes of agency within assemblages **[*that*]** ~~which~~ critically deconstruct discourses and materialities while imagining present and future

alternatives. The French intellectual tradition of *bricolage* is visible here: the singular event creates a new structure; the oppressive institution is circumvented; and the seemingly rigid is made fluid.

Further, the speculative reinhabiting of clinical spaces and reappropriating of clinical materials, objects, and discourses for subversive transformation effected by Preciado can make important interventions in studies of material culture in healthcare and healthcare architecture. This latter focus is clear in recent scholarship. John Nott and Anna Harris argue for the importance of recognizing "the sensory nature of materials" in exploring "how knowledge may and may not travel [...] in medical epistemology."[37] Examples include analyses of how the architectural design of new buildings for healthcare can both reflect and program evolutions in medical science and practice, showing "how a medical field established its self-identity, settled interdisciplinary tensions, and drew disciplinary boundaries and thresholds."[38] Similarly, Christina Buse, Daryl Martin, and Sarah Nettleton insist upon the importance of studying the "mundane" materialities of objects and physical environments of healthcare.[39] In addition to Joanna Latimer's previously mentioned intervention, Susan E. Bell explores the transnational power dynamics of place-making through the placement of items of furniture in hospital rooms, as experienced by refugees and migrants.[40] Preciado's imagined transformations of clinical spaces in *Orlando* are disruptive, subverting norms, but are resolutely anchored in the materiality of everyday objects and "assemblages" such as those described in the literature above; rather than imaging far-flung, science-fiction hospital futures, Preciado instead provokes interruptions or destabilizations in the existing material landscapes and assemblages of healthcare institutions.

The specters of *bricolage* and speculative design are latent in this rich body of anthropological research. For den Harder and Harris, for instance, the use of the balloon in medical education as a simulation for a body suffering from ascites is superior to a more

anatomically exact model because it invites the student's mind to engage in a more complex and sensorially rich manner.[41] The notion that the use of such low-tech solutions can offer an "on-the-spot solution for dealing with the conceptual puzzles which arise in local teaching situations" (den Harder and Harris 54) echoes the aesthetics and politics of *bricolage*. In a different context, research by the Hospital Senses Collective has engaged with creative practices and methodologies to explore how hospitals construct place through sensory aspects of their environments. The collective describes its creative practice as a "process of defamiliarizations" in which it places "creative commissions and academic contributions alongside one another, inviting us to rethink and reimagine past, present and future hospital environments through the senses", highlighting the speculative, interdisciplinary, and transmedial force of such work.[42] Explicit engagement with French discourses of *bricolage*, contemporary French philosophical and artistic engagements with healthcare environments, and methodologies of speculative design could turbocharge the speculative potentials of such scholarship. Of course, much work remains to be done to bring subversive interventions such as Preciado's into practical meaningful dialogue with the constraints and limitations implied in ongoing hospital design briefs, budgets, and construction realities. However, we maintain that such speculative work is vital for sowing the seeds of transformation. Henri de Saint Simon argues that the artist makes new realities thinkable and therefore possible: "[c]'est nous, artistes, qui vous servirons d'avant-garde: [...] quand nous voulons répandre des idées neuves parmi les hommes, nous les inscrivons sur le marbre ou sur la toile."[43]

Building the hospital through *bricolage*

We are bringing *bricolage*, speculative design, and design fiction into explicit and productive contact through collective and interdisciplinary collaborations, initially through engagement work which we propose creates groundwork for wider research programs. For instance,

independently of the research undertaken for this present article, in 2024 Dalton and Jacobs delivered, alongside Temidayo Eseonu, a collaborative workshop at the National Centre for Research Methods MethodsCon conference titled "Designing Racially Just Healthcare Futures: The Hospital in 2124." This workshop used design fiction to simulate a fictional waiting room from the year 2034 through artefacts that provoked conversation about racial justice, for example skin health posters featuring diverse skin tones. Participants discussed their experience of the space before pushing into more expansive speculations, designing their own future hospitals in 2124 using craft materials. Dalton and Jacobs, alongside Christopher Boyko, Deirdre Duffy, Deniz Johns and Kim Snooks, also programed a speculative design activity as part of "The Queer Lives of the Hospital: An Archive of LGBTQIA+ Experiences of Healthcare Environments" project. After discussing images of current healthcare architectures, participants used craft materials to imagine truly inclusive future healthcare environments. These events are the first steps towards full-scale speculative creative methodologies for imagining hospitals of the future.

Like *bricolage*, the hospital is simultaneously idea, practice, space, place, and history – both common and proper noun. While *bricolage* might appear to be diametrically opposed to "design," when deployed with a speculative twist it can reconcile the pragmatic inheritance of existing structures with innovative solutions. It is a capacious epistemology, accommodating the medical, emotional, and "tacit" knowledges at work in the hospital.[44] It might allow us to work around points of friction in hospital design, between centralized benchmarks and decentralized practice, or between different types of expertise and professional hierarchy. *Bricolage* offers a means to (re)imagine the conditions for new kinds of institutional practice and their ongoing evolution.

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Notes

[1] Andres Lepik and Tanja C. Vollmer, "Hospitals as Indicators of Socially Responsible Policy," in *Building to Heal: New Architecture for Hospitals*, Tanja C. Vollmer, Andres Lepik, and Lisa Luksch, eds. (Berlin**:** Archi Tangle, 2023), 8.

[2] Julie Zook, "The Spatial Dimension of Hospital Life," in *The Covert Life of Hospital Architecture*, Julie Zook and Kerstin Sailer, eds. (London: UCL Press, 2022), 3.

[3] Joanna Latimer, "Afterword: Materialities, Care, 'Ordinary Affects,' Power and Politics," in *Materialities of Care: Encountering Health and Illness through Artefacts and Architecture*, Christina Buse, Daryl Martin, and Sarah Nettleton, eds. (Hoboken, NJ: Wiley Blackwell, 2018), Ebook.

[4] Fanny Chabrol and Janina Kehr, "The Hospital Multiple: Introduction," *Somatosphere*, November 17, 2020, https://z.umn.edu/b072.

[5] Carine Baxerres, Émilienne Anago, Audrey Hémadou, Adolphe Kpatchavi, and Jean-Yves Le Hersan, "Le paludisme à l'ère de la santé globale, entre retour des velléités d'élimination et permanence des bricolages populaires," in *Guérir en Afrique: Promesses et transformation*, Alice Desclaux, Aïssa Diarra, and Sandrine Musso, eds. (Paris: L'Harmattan, 2021), 275-93.

[6] Christelle Bruyère, Nelly Massard, Cécile Romeyer, and Stéphane Sirjean, "Le bricolage logistique en milieu hospitalier: Étude du flux de réapprovisionnement des services de soins," *Logistique & Management*, 22 :3 (2014): 17-26.

[7] Jérôme Méric, Jordan Besson, Emmanuelle Cargnello-Charles, Bryan Mestre, and Oumaima Omari, "Les coopérations de santé au cœur de la crise sanitaire: De la sidération au bricolage organisant," *Revue Politiques et Management Public*, 39:3 (2022): 391-416.

[8] Claude Lévi-Strauss, *La pensée sauvage* (Paris: Plon, 1962), 31.

[9] This does not eliminate the problematic situation of French anthropology vis-à-vis colonialism as a whole. See Jacob Collins, "Parallel Structures: André Leroi-Gourhan,

Claude Lévi-Strauss, and the Making of French Structural Anthropology," *History of the Human Sciences*, 34:3-4 (2020): 307-35.

[10] Michel de Certeau, *L'invention du quotidien 1. Arts de faire* (Paris: Gallimard, 1990), xl.

[11] Jean Oury, Mauricio Novello, and David Reggio, "Jean Oury: The Hospital is Ill," *Radical Philosophy*, 143 (2007): 36.

[12] Gilles Deleuze and Félix Guattari, *Le capitalisme et la schizophrénie 1. L'Anti-Œdipe* (Paris: Éditions de Minuit, 1972), 9.

[13] Jacques Derrida, *De la grammatologie* (Paris: Éditions de Minuit, 1967), 163.

[14] Anthony Dunne and Fiona Raby, *Speculative Everything: Design, Fiction, and Social Dreaming* (Cambridge, MA: MIT P, 2013), 3.

[15] Tanja Hichert and Wendy Schultz, "Futures Studies Methods: A Typology and Guide to Research Design. In *Handbook of Futures Studies* (2024) 329-359. (Edward Elgar Publishing).

[16] Kim Olivia Snooks, "Design Insights for More-Than-Human Context-Aware Self-Tracking Systems" (PhD diss., Lancaster University, 2023), https://doi.org/10.17635/lancaster/thesis/2477.

[17] Damien Lutz, "Stealing from the Future with Speculative Design," July 29, 2020, https://z.umn.edu/b073.

[18] D. Kirby, "The future is now: Diegetic prototypes and the role of popular films in generating real-world technological development," *Social Studies of Science*, 40:1, **[*2010*]** 41-70.

[19] Julian Bleecker, *Design Fiction: A Short Essay on Design, Science, Fact and Fiction* (Near Future Laboratory, 2009), 6.

[20] Paul Coulton, Joseph Lindley, Miriam Sturdee, and Mike Stead, "Design Fiction as World Building," in *Proceedings of the 3rd Biennial Research through Design Conference* (2017): 1-6, https://doi.10.6084/m9.figshare.4746964.

[21] Paul Coulton, Joseph Lindley, Adrian Gradinar, James Colley, Neelima Sailaja, Aandy Crabtree, Ian Forrester, and Lianne Kerlin, "Experiencing the Future Mundane," *Methods and Critique: Frictions and Shifts in RTD* (2019).

[22] David Philip Green and Joseph Lindley, *Permission to Muck About* (2024), 120 min., https://designresearch.works/permission-to-muck-about/.

[23] Pedro Gil Farias, Roy Bendor, and Bregje F. Van Eekelen, "Social Dreaming Together: A Critical Exploration of Participatory Speculative Design," *Proceedings of the Participatory Design Conference*, 2 (2022): 147-54.

[24] Christopher Gordon Strachan, "Design, Fiction and the Medical Humanities," *Medical Humanities*, 42:4 (2016): e15-e19.

[25] Michael Stead, Paul Coulton, and Joseph Lindley, "Do-It-Yourself Medical Devices: Exploring their Potential Futures through Design Fiction," *Design as a catalyst for change – Proceedings of DRS 2018 International Conference*, vol. 5, Cristiano Storni, Keelin Leahy, Muireann McMahon, Peter Lloyd, and Erik Bohemia, eds. (Design Research Society, 2018), https://doi.org/10.21606/drs.2018.475.

[26] Andrew Darby, Emmanuel Tsekleves, Alexandra Krendel, Nicola Williams, and Georgia Walton, "The Future of Human Reproduction: Exploring Wicked Problems through Interdisciplinary Speculative Design Practices," in *DRS2024: Boston*, Colin M. Gray, Estefania Ciliotta Chehade, Paul Hekkert, Laura Forlano, Paolo Ciuccarelli, and Peter Lloyd, eds. (Design Research Society: 2024), http://doi.org/10.21606/drs.2024.1526.

[27] Marie Louise Juul Søndergaard and Lone Koefoed Hansen, "PeriodShare: A bloody design fiction," in *Proceedings of the 9th Nordic Conference on Human-Computer Interaction* (ACM P, n.p.: 2016), 1-6.

[28] Emmanuel Tsekleves, Andy Darby, Anna Whicher, and Piotr Swiatek, "Co-designing Design Fictions: A New Approach for Debating and Priming Future Healthcare Technologies and Services," *Archives of Design Research*, 30:2 (2017): 5-21. Joe Bourne, Naomi Jacobs, Paul Coulton, Clare Duffy, Rupert Goodwins, and Tom Macpherson-Pope, "Hack Your Age: Older Adults as Provocative and Speculative IoT Co-Designers," *AoIR Selected Papers of Internet Research* (n.p.: 2023).

[29] Benjamin Dalton, "The Plastic Clinic: Catherine Malabou's Architectural Therapeutics," *Essays in French Literature and Culture*, 58 (2021): 191-210; "Gentle Biologies: Reconceptualising Bodily Metamorphosis and Healthcare between Catherine Malabou and Anne Dufourmantelle," *Paragraph*, 47:3 (2024): 324-340; "Paul B. Preciado's Queer Hospital: Healthcare Architectures for Pleasure, Transformation and Subversion," *The Senses & Society*, 19:3 (2024): 337-50.

[30] Elliot Evans has emphasized Preciado's collapsing of the boundary between theory and practice: "Preciado's *pratiques* offer readers the opportunity to reproduce this relationship between texts and bodies, offering a textual invitation to perform corporeal acts that demonstrate the transitive communication, the permeable relation, he sees between bodies and texts." *The Body in French Queer Thought from Wittig to Preciado: Queer Permeability* (Abingdon: Routledge, 2020), 49.

[31] Preciado advocates for an opening of the pills: "Ouvrir les pilules" in *Dysphoria Mundi* (Paris: Grasset, 2022), 552.

[32] Chris Mcfarlane, "Between Rage and Hope in Paul B. Preciado's Punk Utopia," *Rage: Affect and Resistance in French and Francophone Culture and Thought, 1968-2020*, Jasmine Cooper, Lili Owen Rowlands, and Katie Pleming, eds. (Oxford: Peter Lang, 2024), 138.

[33] Paul B. Preciado, *Countersexual Manifeso*, Kevin Gerry Dunn, trans. (New York: Columbia U P, 2018), ProQuest Ebook Central.

[34] Syb Kuijper, Martijn Felder, Roland Bal, and Iris Wallenburg, "Assembling Care: How Nurses Organise Care in Uncharted Territory and in Times of Pandemic," *Sociology of Health & Illness*, 44: 8 (2022): 1305-23.

[35] Ass Mia Harrison, Kari Lancaster, and Tim Rhodes, "The Fluid Hospital: On the Making of Care Environments in COVID-19," *Health and Place*, 83 (2023), https://doi.org/10/1016/j.healthplace.2023.103107.

[36] Cameron Duff, "The Ends of an Assemblage of Health," *Social Science & Medicine*, 317 (2023), https://doi.org/10.1016/j.socscimed.2022.115636.

[37] John Nott and Anna Harris, "Introduction: What Matters in Medical Education?" in *Making Sense of Medicine: Material Culture and the Reproduction of Medical Knowledge*, John Nott and Anna Harris, eds. (Bristol: Intellect Books, 2022), 12.

[38] Annmarie Adams, "Designing a Discipline: Architecture for Pathology in the Interwar Period," in *Making Sense of Medicine: Material Culture and the Reproduction of Medical Knowledge*, 38.

[39] Christina Buse, Daryl Martin and Sarah Nettleton, "Conceptualising 'materialities of care': Making visible mundane material culture in health and social care contexts," in *Materialities of Care: Encountering Health and Illness through Artefacts and Architecture*, ProQuest Ebook Central. 1-13.

[40] Susan E. Bell, “Placing Care: Embodying Architecture in Hospital Clinics for Immigrant and Refugee Patients,” *Materialities of Care: Encountering Health and Illness through Artefacts and Architecture*, 79.

[41] Christine den Harder and Anna Harris, “Lessons form a Balloon,” *Making Sense of Medicine: Material Culture and the Reproduction of Medical Knowledge*, 4855.

[42] Marie Allitt, Agnes Arnold-Forster, Harriet Barratt, Victoria Bates, Rebecka Fleetwood-Smith, and Clare Hickman, “Creative Forms: Booklets by the Hospital Senses Collective,” *BMJ Medical Humanities*, 49 (2023): 641-49, 643-44.

[43] Henri de Saint-Simon, *Opinions littéraires, philosophiques et industrielles* (Paris: Bossange père, 1825), 341.

[44] Michael Polanyi, *Personal Knowledge: Towards a Post-Critical Philosophy* (London: Routledge, 2012), 92.