

**JEAN-LUC NANCY AND THE HOSPITAL:  
IMAGINING CLINICAL ENVIRONMENTS OF STRANGENESS AND  
MULTIPLICITY**

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**Abstract:**

This article explores representations of illness and medical treatment in the work of Jean-Luc Nancy, arguing that his philosophy urges us to re-imagine healthcare environments and hospital spaces. In *L'Intrus* (2000), Nancy describes how undergoing a heart transplant led him to encounter the intrinsic strangeness and multiplicity of his body and identity. This text, it will be seen, explores also the spatialization of this strangeness and multiplicity; Nancy characterizes the transplant as an 'intrusion' and details the extension of his body and being across a network of medical treatments and technologies. This article brings *L'Intrus* into dialogue with approaches to hospital environments in the medical humanities, as well as with Nancy's interrogation of conceptions of construction, destruction, and 'struction' in *Dans quels mondes vivons-nous?* (2011). It proposes that Nancy's work invites us to rethink clinical environments as spaces which must embrace, rather than resist, strangeness and multiplicity.

**Keywords:**

Jean-Luc Nancy; *L'Intrus*; heart transplant; medical humanities; the hospital; healthcare environments;

**Résumé:**

Cet article explore des représentations de la maladie et des soins médicaux à travers le travail de Jean-Luc Nancy, argumentant que sa philosophie nous pousse à réimaginer les environnements des soins de santé et les espaces hospitaliers. Dans *L'Intrus* (2000), Nancy décrit la façon dont le fait de subir une greffe cardiaque l'a mené à rencontrer l'étrangeté et la multiplicité intrinsèques à son corps et à son identité. Ce texte, nous le verrons, explore aussi la spatialisation de cette étrangeté et de cette multiplicité; Nancy caractérise la greffe comme une 'intrusion' et détaille l'extension de son corps et de son être à travers un réseau de soins et de technologies médicaux. Cet article fait dialoguer *L'Intrus* avec des approches des environnements hospitaliers dans les humanités médicales, ainsi qu'avec la pensée de Nancy autour des concepts de la construction, de la destruction, et de la 'struction' dans *Dans quels mondes vivons-nous?* (2011). Nous proposerons que le travail de Nancy nous invite à repenser les environnements cliniques, les considérant comme des espaces non pas pour résister mais pour accueillir l'étrangeté et la multiplicité.

**Mots-clés:**

Jean-Luc Nancy; *L'Intrus*; greffe cardiaque; humanités médicales; l'hôpital; environnements des soins de santé

## **JEAN-LUC NANCY AND THE HOSPITAL: IMAGINING CLINICAL ENVIRONMENTS OF STRANGENESS AND MULTIPLICITY**

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### **Introduction: Jean-Luc Nancy, the ill body and the hospital in crisis**

This article explores conceptions of bodily illness, healthcare, architecture and space in the work of the contemporary French philosopher Jean-Luc Nancy (1940–2021), arguing that Nancy’s philosophy offers ways to re-imagine the hospital. Nancy’s philosophical writing on the body, on illness and on his own heart transplant occupies an important position in his oeuvre.<sup>1</sup> In his final years, Nancy also wrote on the COVID-19 pandemic.<sup>2</sup> His auto-theoretical portrait of his heart transplant in *L’Intrus* (2000) has been of particular philosophical and cultural influence, notably having inspired Claire Denis’s filmic explorations of transplant in her own *L’Intrus* (2004).<sup>3</sup> Nancy’s account of heart transplant echoes and extends broader focuses on strangeness and otherness across his works.<sup>4</sup> Indeed, interdisciplinary medical humanities work has highlighted the significance of Nancy’s work for tackling questions of health, healthcare and treatment, with suggestions of its practical applications.<sup>5</sup> Whilst such studies have focused importantly on patient experiences of illness and heart transplant specifically, this article maps in particular the ways in which Nancy’s work reconceptualizes the spatiality of the experience of illness and medical treatment. Bringing Nancy’s philosophy for the first time into direct contact with the question of the hospital, it brings to the fore Nancy’s potential importance for healthcare design. It argues that his work urges us to reimagine the physical spaces of hospitals and of clinical environments.

Questions of space undergird Nancy’s central conceptions of how bodies and beings experience themselves and relate to each other. Ian James demonstrates how space, for Nancy, does not imply geometrical space, but rather functions as ‘an exteriority, a spacing or

*espacement*'.<sup>6</sup> Laura McMahon analyses how this spacing is intrinsic to conceptions of community and ethics in Nancy, noting how his philosophy 'explores being as a disclosure and disposition of space interrupting fusion, immediacy and self-presence'.<sup>7</sup> Nancy's space, then, is not merely the dimensions within which bodies exist, but rather the dynamic *spacing* through which bodies and beings exist in their irrevocable multiplicity as separate from each other and yet in contact, precisely through mutual separation and exposure to each other.<sup>8</sup> In the present article, however, I explore how space functions specifically in the biomedical contexts explored by Nancy. His analysis of his heart transplant in *L'Intrus*, I argue, details the ways in which space designates not just the spacing between bodies, but the spacing between sick bodies, clinical environments and medical technologies, as well as between parts of bodies, or between a patient and their own body as it changes through illness. Here, bodies and healthcare spaces are brought into relation in an experience of mutual strangeness, multiplicity and exposure.

Nancy's writing on illness, biomedical science and space promises important interventions for (re)conceptualizing clinical environments at a time of great crisis and transformation for the hospital. *The Covert Life of Hospital Architecture* (2022) bears witness to this moment: Jeri Brittin underlines the urgency of rethinking hospital design post-COVID-19, noting the need to reinvigorate evidence-based hospital design;<sup>9</sup> Kerstin Sailer surveys changes in the hospital throughout and following the pandemic, detailing how the forms of solidarity and community previously fostered by physical hospital spaces were diminished or transformed;<sup>10</sup> and Julie Zook argues that healthcare design often lacks theoretical underpinning, instead being driven by individual anecdotal evidence or assumptions regarding the architectural features that promote good health.<sup>11</sup> Nancy's work, as I seek to activate it here, demonstrates how philosophical approaches to illness and healthcare might contribute theoretical innovations to support hospital design.

More broadly, Nancy's work can be viewed in the context of a reinvigorated interest in science and medicine in contemporary continental thought.<sup>12</sup> I have argued elsewhere that shifts are currently underway in the relationship between continental philosophy, biomedical science and the hospital, analysing specifically how the contemporary French philosopher Catherine Malabou's work on neuroplasticity prompts a rethinking of hospital spaces to support patients who are experiencing brain-body transformations.<sup>13</sup> Here, I proposed that Malabou's philosophy allows us to imagine a hospital which would resist and move beyond the clinic, characterized by Michel Foucault in *Naissance de la Clinique* (1963), as a site of normativity and surveillance. Re-theorizing the hospital now through Nancy, I explore how Nancy's philosophy also, in different ways, provides the philosophical blueprints for innovative clinical environments and healthcare spaces which resist and move beyond Foucault's 'instrument destiné à guérir le malade'.<sup>14</sup>

I first turn to *L'Intrus*, highlighting Nancy's own attention to notions of space in his experience of medical treatment. I then seek to extend this thinking about clinical space by turning to questions of construction, architecture, architectonics and to Nancy's concept of 'struction' in *Dans quels mondes vivons-nous?* (2011), a text co-written with Aurélien Barrau, whose interdisciplinary work spans astrophysics and philosophy. Finally, I bring Nancy's conception of 'struction' into dialogue with emerging, interdisciplinary work on hospital design across the medical humanities and architecture, showing how Nancean concepts of multiplicity and strangeness are at work in everyday healthcare settings. I argue that Nancy allows us to see the hospital as an ambivalent and multiple space, capable of harbouring biomedical healing and care on the one hand, but also of supporting encounters with the multiple others and forms of (self-)strangeness that the body encounters during illness and treatment.

### **Nancy, illness, medicine and space**

Nancy's *L'Intrus* intimately describes the experience of heart transplant as that of a radical intrusion, whereby his new heart – derived from a stranger and completely foreign to Nancy's body – is the *intrus*, the intruder, which catalyses in Nancy's body a sense of irreversible disorientation and self-estrangement. However, the new heart is not the only *intrus* Nancy encounters during his medical treatment; rather, he details, his medical journey exposes him to innumerable intrusions, from the organ itself, to the pipes and other medical apparatuses, to the drugs he takes, to the cancer that results from his treatment, to his experience of his own body as stranger.<sup>15</sup> Without a multiplicity of strangers, or of forms of strangeness, Nancy's text stresses, there is no treatment or survival: 'D'emblée, ma survie est inscrite dans un processus complexe tissé d'étrangers et d'étrangetés' (p. 21).

It must be taken seriously, then, that Nancy is not only describing his experience of illness and treatment via conceptions of intrusion, strangeness or multiplicity as metaphors, but rather he is also underlining in a literal sense how the entire medical apparatus of heart transplant, and his very survival through this process, depends on strangeness and on strangers. He is only alive because of the organ of a stranger now implanted within him and because of the interventions of the many other strangers and biomedical technologies that made this possible. As Ana María Munar and Adam Doering note, Nancy's *L'Intrus* is remarkable in its expression of the multiplicity of the self not just as a psychological or psychoanalytic concept but as an embodied, biomedical reality:

Nancy's ontology is challenging us to experience, not only the self, but the corporeal *body* as radically othered. The body as flesh, as organs, as bios, that for so long had been considered closed, bounded and border; this is the view that falls apart in intrusion.<sup>16</sup>

As we will now see, this embodied, biomedical reality of strangeness is inextricably bound up with questions of space and environment in Nancy's text.

From the first line, Nancy's descriptions of intrusion and strangeness are irreducibly spatial and architectonic: 'L'intrus s'introduit de force, par surprise ou par ruse, en tout cas sans droit ni sans avoir été d'abord admis' (*L'Intrus*, p. 11). The intruder 's'introduit', connoting an unannounced passage from an outside to an inside. Nancy goes on to outline the space of the 'seuil' at which the intruder and the intruder's strangeness are encountered:

'Cette correction morale suppose qu'on reçoit l'étranger en effaçant sur le seuil son étrangeté [...]. Mais l'étranger insiste, et fait intrusion' (p. 12).

Nancy conceptualizes the threshold here as a border space which, despite attempting to ward off the stranger, is always overcome by the stranger's intrusion. This spatial intrusion across a threshold echoes in Nancy's evocation of his feelings since he learned he needed a heart transplant, in which he describes a series of shifts, crossings or passages within and across space:

Simplement, la sensation physique d'un vide déjà ouvert dans la poitrine, avec une sorte d'apnée où rien, strictement rien, aujourd'hui encore, ne pourrait démêler pour moi l'organique, le symbolique, l'imaginaire, ni démêler le continu de l'interrompu: ce fut comme un même souffle, désormais poussé à travers une étrange caverne déjà imperceptiblement entrouverte, et comme une même représentation, de passer par-dessus bord en restant sur le pont. (p. 15)

Nancy's references to the 'vide', the 'apnée', and the act of 'passer par-dessus bord en restant sur le pont' all map the phenomena of strangeness and intrusion across a spatial plane.

Further, the act of organ transplantation is again a 'passage': 'la transplantation impose l'image d'un passage par le néant, d'une sortie dans un espace vidé de toute propriété ou de toute intimité, ou bien au contraire de l'intrusion en moi de cet espace: tuyaux, pinces, sutures et sondes' (p. 26). The disorienting strangeness of the transplant, for Nancy, is the experience both of a passage into an emptied space and also the intrusion of this space into Nancy himself. This space – 'tuyaux, pinces, sutures et sondes' – is not simply an abstract

space or pure void, but rather is strikingly recognizable in Nancy's account as the highly technologized hospital environment surrounding him with its various medical instruments and interfaces.

As he journeys further into the void-like spaces of transplant, seemingly merging with the clinical environments of the hospital, Nancy is pushed to question the spatial location of (his) life itself: 'Quelle est cette vie "propre" qu'il s'agit de "sauver"? Il s'avère donc au moins que cette propriété ne réside en rien dans "mon" corps. Elle n'est située nulle part, ni dans cet organe' (p. 27). If, as Nancy here suggests, life is not to be situated in any organ, it appears that Nancy situates life precisely in the spatiality of the gap, or the void: "'Je" est devenu clairement l'index formel d'un enchaînement invérifiable et impalpable. Entre moi et moi, il y eut toujours de l'espace-temps: mais à présent il y a l'ouverture d'une incision, et l'irréconciliable d'une immunité contrariée' (p. 36). Space in *L'Intrus*, then, is precisely what structures, is produced by and renders possible multiplicity and strangeness; space bars Nancy from any sense of self-sameness or self-familiarity, suspending him in an ever-shifting constellation with his multiple other selves and the plurality of surfaces, body parts, and the machines and clinical environments with which he comes into contact. Whereas space and spacing structure the ethical relationality between bodies and beings across Nancy's work, as McMahon elucidates, *L'Intrus* bears witness to the particular intensity with which physical clinical spaces bring to light the multiplicity and strangeness of the self and its innumerable life supports.<sup>17</sup>

Describing the 'Je' that emerges through his medical interventions, bodily transformations, and inhabitations of clinical space, Nancy plots his experience as an 'aventure' through which he progressively becomes a stranger to himself (p. 39). Again, Nancy maps his ever-distended and distributed sense of self as a network in which he becomes indissociable from the hospital and its treatments: 'Je finit/s par n'être plus qu'un fil

ténu de douleur en douleur et d'étrangeté en étrangeté. [...] ce sentiment général de ne plus être dissociable d'un réseau de mesures, d'observations, de connexions chimiques, institutionnelles [...] (p. 40). This grammatical designation of the 'Je' as both first and third-person evokes Nancy's self as both a subjective experience and the extension of an objective, material field of connections and processes; across this spatialized network of medicalized, institutionalized equipment and data, Nancy becomes an assemblage of biological pathologies and medical environments: 'Je suis la maladie et la médecine, je suis la cellule cancéreuse et l'organe greffé, je suis les agents immune-dépresseurs et leurs palliatifs' (p. 42). The very spatiality of the hospital and of the medical treatment, for Nancy, participates in the multiple 'intrusions' that Nancy experiences there. And yet, Nancy stresses again how this existence as a network of intrusions is the very condition of his remaining himself (pp. 41–2). So, does Nancy accept this spatial double-bind – accepting his dwelling in this biomedical space of intrusion and self-estrangement as the condition of his survival – or does his philosophy hold any desire for space (clinical or otherwise), or for his medical treatment, carried out within this space, to be different?

In questioning the practical application of Nancy's *L'Intrus* within clinical nursing, Francine Wynn underscores this distinct ethical and spatial ambivalence at the heart of the text:

But what are we as nurses to take away from this remarkable work of Nancy's? In a practice driven by evidence-based outcomes, efficiency, managerialism, technologism, coupled with our love of the unambiguous and the pragmatic, how are we to add these complex insights to our current repertoire of techniques and strategies? [...] he makes it impossible for us to neatly decide if transplants are good or bad. Instead he makes us pause and perhaps face our unexamined assumptions about many taken for granted 'truths' of nursing research and practice: that narrative is a non-problematic methodology and account; that such an account is necessarily healing or liberating; that there is a reliable and consistent 'I'; that a heart transplant can be overcome and is a gift of life.<sup>18</sup>



Wynn here deconstructs assumptions of nursing practice, namely the role of narrative in patient agency and healing. Inspired by Nancy's deconstruction of the integrity of the 'I' who experiences and expresses the heart transplant, Wynn's argument suggests a re-interrogation of the position of narrative in healthcare.<sup>19</sup> Beyond narrative linearity, Wynn's article suggests attention to the functioning of space in Nancy's account, concluding: 'It seems that medicine treats the patient as a space or passageway into which are pushed or forced objects, drugs, organs, after a violent wrenching apart of the sternum has split and emptied him.'<sup>20</sup> Wynn's analysis elsewhere aligns Nancy's account of biomedical strangeness with the concept of the uncanny: a concept derived from the German *unheimlich*, and therefore intrinsically infused with spatial meanings of (un)homeliness.<sup>21</sup> Although she does not explicitly note its architectural resonance, Wynn's recourse to the uncanny latently evokes the dual spatiality of (un)familiarity in which opposites can co-inhabit. Moving beyond the emphasis on narrative as therapeutic instrument, then, perhaps it is precisely in (uncanny) space that the ambivalence Wynn reads in Nancy's text is permitted to dwell. To theorize this ambivalence of medical intervention – the push-and-pull between inviting intrusion and warding it off – we must encounter it spatially.

This spatial reception of *L'Intrus* is echoed further in other medical humanities approaches to Nancy. Havi Carel explores Nancy's *L'Intrus* in her meditation on how life is transformed through organ transplant. Carel notes Nancy's profound transformation through medical intervention, noting space as a primary metaphysical plane through which Nancy's transformation is experienced: '[t]ransplantation can inflect, in a personal way, several core metaphysical concepts, such a space, time, identity, and change'.<sup>22</sup> Further, the transformative nature of transplant, for Carel, seems derived primarily from its bringing the person close to death and the person's subsequent contemplation of death or experience of its proximity. This proximity is mapped by Carel, I suggest, partly through encounters with, and

movements around, clinical space. She details the experience not just of the operation itself, but of receiving ‘The Call’ that an organ has been located:

Imagine the journey in the ambulance, entering the unit, taking a shower and changing into a hospital gown. Imagine being prepped for surgery and then lying in wait, while somewhere in the country the donor body is cut open, the organ retrieved, and sent to your transplant centre, where it is examined.<sup>23</sup>

And then, if the organ is deemed unsuited and the operation called off, ‘[y]ou go home, cold and thirsty and hungry, after fasting for many hours, only to begin waiting again’.<sup>24</sup> The metaphysically transformative experience of transplant then, for Carel it seems, is mediated through an encounter with the tempo-spatiality of the hospital: moving in and out of the hospital is a cartographic movement towards and away from death. Carel also notes the ‘liminal border between life and death’ involved in being anaesthetized during the surgery, which again lends the life-death proximity a spatial rendering which occurs within the hospital and through biomedical intervention.<sup>25</sup>

Sara Wasson, like Carel, also draws from Nancy in her analysis of the temporal experience of transplant. For Wasson, Nancy’s *L’Intrus* moves beyond a linear narrative of illness and cure in that it ‘[conveys] the unfinishedness of transplant’.<sup>26</sup> Wasson explores how the patient’s experience of time and of waiting involved in transplant results in the space of the hospital itself becoming warped: ‘the times of *medical intervention*, too, may become strange. Recipients’ experiences of hospital, pharmacology and daily self-monitoring may be disorientating and resist conventional conceptions of temporalities of cure’.<sup>27</sup> Further, the temporality of waiting is an irreducibly spatial, corporeal experience: ‘Waiting is always a material, embodied practice. It takes place in a wide range of institutional contexts [...]’. Waiting is rich in diverse meanings for patients and practitioners and occurs within spaces with complex flows of force’.<sup>28</sup> Wasson arrives at a spatialized concept of waiting as ‘*social*,

a waiting-with others’: a ‘waiting-with’ which implies not just a patient’s fellow patients, united by pathology and treatment, but rather the stranger waiting-with the deceased donor, whose tissue lives on in the patient.<sup>29</sup>

These approaches to Nancy bring to the fore spatial elements of his work which, I argue, call for concepts of clinical space to support someone in a moment of bodily transformation as they experience self-strangeness and multiplicity. Clinical space is necessarily uncanny, ambivalent and fragmented: it holds multiple and simultaneous realities of life and death; the transformation of identity and the clinging onto past identities; and the network of other bodies undergoing treatment in the hospital. In this way, I propose, Nancy’s work challenges the hospital to negotiate a balance, providing an effective environment for the medical treatment of illness whilst also recognizing that clinical space might function as a site for the encounter with, and embrace of, the strangeness and otherness of one’s own body and of other bodies.

McMahon, via her reading of Denis’s filmic *L’Intrus*, notes the difficulty of finding such a balance in Nancy, between embracing and protecting oneself against intrusion: ‘By emphasizing the violence and risk underlying the encounter with the intruder, Denis probes the ethical moment in Nancy’s text, questioning the viability of his injunction to preserve the intrusiveness of the stranger’.<sup>30</sup> Munar and Doering, meanwhile, signal the potential rewards of achieving a balance and learning to dwell with intrusion:

What if we do not try to force, control or manage such intrusion too much? What forms of collectivities, relations, practices, politics or ethics might surface if our starting point is to dwell a little longer with the *experience* of intrusion, deeply, with our bones and blood, with our closed open hearts?<sup>31</sup>

In this next section, I turn to Nancy’s work on construction, architecture and dwelling, arguing that this work holds the key to conceptualizing and designing forms of space not

intended for linear narratives of healing or the construction or maintenance of fixed identities or conceptions of health, but which multiple bodies, intrusions, and forms of strangeness can co-inhabit.

### **Nancy and Barrau between architecture, construction and ‘struction’**

Nancy explicitly turns to questions of construction and architecture in his writing on the make-up of the cosmos in *Dans quels mondes vivons-nous?* (2011), written alongside Aurélien Barrau. Here, Nancy and Barrau dispel any approach to the universe or cosmos as a singular, unified whole: ‘Il se trouve qu’aujourd’hui le *cosmos* qu’étudie ou qu’invente la cosmophysique ne répond plus à cette image d’une concordance absolue et unitaire’.<sup>32</sup> They question:

si donc le fondement, ou l’évanescence qui en tient lieu, doit être appréhendé sur un mode pluriel, c’est tout la logique constructiviste [...] qui doit être repensée. Par-delà construction et déconstruction. Peut-on entre-voir ou (d)écrire le ‘tout ensemble’, sans ordre ni désordre?<sup>33</sup>

In his single-authored chapter of the work, Nancy arrives at a concept of ‘struction’ beyond all constructive paradigms such as construction, deconstruction or destruction:

Ce qui est en jeu par-delà construction et destruction, c’est la *struction* comme telle.

*Struo* signifie ‘amasser’, ‘entasser’. Il n’y est pas vraiment de l’ordonnance ni de l’organisation qu’impliquent la *con-* et l’*in-*struction. C’est le tas, l’ensemble non assemblé. C’est contiguïté et coprésence, certes, mais sans principe de coordination.<sup>34</sup>

Nancy defines ‘struction’ further as:

la simultanéité non coordonnée des choses ou des êtres, la contingence de leurs coappartenances, la dispersion des profusions d’aspects, d’espèces, de forces, de formes, de tensions et d’intensions (instincts, pulsions, projets, élans). Dans cette

profusion, aucun ordre ne se fait valoir au-dessus des autres: ils semblent tous – instincts, réactions, irritabilités, connectivités, équilibres, catalyses, métabolismes – voués à se prendre les uns dans les autres, à se dissoudre ou à se confondre les uns par les autres. (p. 90)

Nancy identifies a movement from a structural paradigm of architecture or architectonics to a paradigm of ‘struction’ that comprises ‘un assemblage labile, désordonné, agrégé ou amalgamé plutôt que conjoint, réuni, assorti ou associé’ (p. 90). Whereas conceptualisations of the universe rest upon ‘un schème de construction, d’architecture’, we must now face a reality in which ‘la coprésence et la comparution détournent ensemble l’en-soi et la construction: “être” n’est plus en soi, mais contiguïté, contact, tension, torsion, croisement, agencement’ (p. 92); architectural, architectonic and constructional paradigms have become dilapidated and irrelevant (p. 92). Nancy’s listing of the simultaneous multiplicities of forces – ‘contact, tension, torsion, croisement, agencement’ – evoke the proliferating lists of ‘tuyaux, pinces, sutures et sondes’ (*L’Intrus*, p. 26) and the ‘réseau de mesures, d’observations, de connexions chimiques, institutionnelles [...]’ (*L’Intrus*, p. 40) in his explicit writing on illness and medical treatment in *L’Intrus*. We might recognize, then, Nancy’s hospital in *L’Intrus* as ‘struction’ rather than construction or architecture: a proliferation of forces, bodies and crossings rather than fixed structures with defined borders.

Nancy, however, does not see in ‘struction’ the decline of a once-triumphant architecture or construction, but rather suggests its emancipatory potential: ‘La struction libère de l’obsession qui veut penser le réel ou l’être sous un schème de construction et qui s’épuise ainsi dans la quête vaine d’un architecte ou d’un mécanicien du monde’ (‘De la struction’, p. 97). Further,

La struction offre un dés-ordre qui n’est ni le contraire ni la ruine d’un ordre: il se situe ailleurs, dans ce que nous nommons contingence, fortuité, dispersion, errance, qui mérite tout autant les noms de surprise, invention, chance, rencontre, passage. Il ne s’agit de rien d’autre que de la coprésence ou mieux de la com-parution de tout ce qui paraît. (p. 97)

Struction, then, is not to be feared or mourned as a kind of chaos or disrepair, but rather embraced as an energetic site of encounter. Nancy's text ends with the evocation that we should not resist or rally against the seeming endlessness or aimlessness of 'struction', but rather learn 'comment reconnaître du "sens" à travers la struction, là où il n'y a ni fin, ni moyen, ni assemblage, ni désassemblage, ni haut, ni bas, ni est, ni ouest. Mais tout ensemble' (p. 104). Viewed through this insight, the fragmented selves and proliferating medical interfaces in *L'Intrus* might not be read as an exploration of terrifying self-loss or medicalized alienation, but rather as a search for 'sens' in the 'struction' of the medical environment.

In a considerably different context, Nancy also touches upon the question of construction, architecture and habitation, though more indirectly, through his analyses of Henri Étienne-Martin's *Demeures* sculptures in his essay 'Res Extensa'.<sup>35</sup> Étienne-Martin's sculptures evoke strange enclosures or architectures.<sup>36</sup> Nancy's analyses of the *Demeures* or *Dwellings* come after his more general shift in thinking of sculpture not as a formal 'impression' in which material has a form 'impressed' onto it, but rather 'expression'.<sup>37</sup> Nancy understands this expression as: 'literally ex-pression: material pressed to the surface, pushing itself outward [...]. In any event, an exposition; not a signifying process'.<sup>38</sup> In relation to the *Dwellings* themselves, Nancy argues:

Here matter is not worked over and crafted from the outside; instead, it responds to the pressure and expansion of its own massy thickness. The *Dwellings* (*Demeures*) themselves proceed less from the clearing or construction of a habitable site and more from the mute and heavy dilation of a honeycombed mass that arranges itself in volumes, places and passages in which the "inhabiting" would be that of the material up against itself.<sup>39</sup>

As McMahon reads in Nancy's treatment of Étienne-Martin and of sculpture more broadly: 'The sculpted mass bodies forth a mode of insubstantial inhabitation, a dilation, ex-pression

and hollowing out’; further, ‘Rather than the impression of material, or the (en)closure of signification, sculpture marks a dilation, a passage, an opening, which brings the distinct spacing of our being-in-common [...] to the fore’.<sup>40</sup> McMahan’s reference to Nancy’s ‘being-in-common’ again evokes a conception of community in which bodies and beings are brought together in mutual separation rather than sameness or fusion.

Whilst Nancy does not mention architecture explicitly, then, his analysis of Étienne-Martin’s *Dwellings* allows us to imagine an architecture that is not one of interiority, or of signification (in which linear meanings are housed, like the patient narratives that Wynn witnesses coming undone in heart transplant); not an architecture of bodies brought together by shared sameness or common experience; but one of the disordered expansion and proliferation of diverse bodies, spaces and experiences.

If we bring Nancy’s spatial theorization of illness and medical treatment into contact with his ideas of ‘struction’ and of dwelling as exteriority, I suggest, we are tasked to theorize a space of medical treatment that requires neither de(con)structing nor reconstructing; rather, this space must be one for inviting and embracing the inexhaustible proliferation and amassing of the multiple intrusions, strangenesses and alterities experienced in illness and medical treatment.

Following Nancy’s chapter on ‘struction’, Barrau advocates an embrace of mess and chaos to combat the ‘phobie récurrente du dés-ordre’ in the Western imaginary: ‘pénétrer le chaos jusqu’à y enfouir, jusqu’à s’y ensevelir, ne serait-ce qu’un instant, nos velléités à la composition et nos ardeurs harmoniques ou hiérarchiques [...]. Il ne s’agit pas de fonder (autrement, ailleurs, au loin), mais de fondre.’<sup>41</sup> Barrau’s ideas for embracing ‘struction’ are strikingly spatial, promoting a ‘déconstruction d’un cosmocentrisme’ in which ‘ce n’est pas qu’un territoire à explorer ou une terre à inventer, c’est une mise en *désordre* à opérer’.<sup>42</sup>

To theorize this ‘mise en désordre’ explicitly in relation to clinical space, I now bring Nancy’s thinking of ‘struction’ and intrusion into dialogue with emerging interdisciplinary work on hospital design. Such work, I suggest, shows how the hospital today is gravitating away from the structures of control and order witnessed in Foucauldian critiques of the hospital, relaxing its need for fixed construction and control in ways resonant with Nancy’s ‘struction’.

### **The hospital beyond order: designing healthcare for plurality and strangeness**

Whilst Foucault’s *Naissance de la Clinique* describes the spatialization of healthcare and of the patient-doctor relationship, his text ‘L’incorporation de l’hôpital dans la technologie moderne’ centres historical shifts in hospital architecture design explicitly.<sup>43</sup> Here, Foucault emphasizes how the hospital emerged as a technologized environment for both curing and disciplining bodies.<sup>44</sup> One of the major shifts that occurs here, for Foucault, is the transformation of built environment into a key tool of healthcare technology. For Foucault, medicine of the eighteenth century foregrounded questions of space and architecture both in its goal of disciplining social, economic and bodily disorder, and in its belief in the therapeutic potentialities of architecture.

Foucault notes how the re-organization of the hospital was geared precisely towards combating disorder:

Le facteur principal de la transformation n’a pas été la recherche d’une action positive de l’hôpital sur le malade ou la maladie, mais simplement l’annulation des effets négatifs de l’hôpital. Il ne s’agissait pas en premier lieu de médicaliser l’hôpital, mais de le purifier de ses effets nocifs, du désordre qu’il occasionnait.<sup>45</sup>

The first hospitals to be re-conceptualized, Foucault notes, were maritime and military hospitals, which Foucault characterizes as sites of great disorder, catering to military patients



returning from abroad. In this way, the hospital became a site for encounters with otherness in a very literal sense, with patients bringing with them and circulating both artefacts and illnesses acquired during military action abroad.<sup>46</sup> The transformation of the hospital, for Foucault, thus responded by engineering a highly instrumentalized environment in which surveillance and discipline are built into the architecture and therapeutic intervention becomes mechanized through space:

[Les malades] furent individualisés et répartis dans un espace où l'on pouvait les surveiller et noter les événements qui avaient lieu; on modifia également l'air qu'ils respiraient, la température ambiante, l'eau potable, le régime, de manière que le nouveau visage de l'hôpital qu'imposait l'introduction de la discipline ait une fonction thérapeutique.<sup>47</sup>

Thus, '[l]'architecture hospitalière doit être le facteur et l'instrument de la cure hospitalière'.<sup>48</sup>

Reading Nancy's philosophical approaches to illness and healthcare in *L'Intrus* via his concept of 'struction' allows us to figure a resistance to Foucault's image of the disciplined, ordered hospital. As I explored above, the clinical space articulated by Nancy in *L'Intrus* focuses on the body in illness as an 'aventure' of encounters with alterity and strangeness, whilst works like *Dans quels mondes vivons-nous?* propose conceptions of space not as construction or as the architectural 'instrument' that Foucault sees in the hospital, but as the radically unordered multiplicity and proliferation of 'la simultanéité non coordonnée des choses ou des êtres' ('De la Struction', p. 90). Indeed, James argues that Nancy and Barrau counter any 'panoptical' approach to the universe as a scientifically graspable totality.<sup>49</sup> Beyond hospital architecture as a panoptical surveillance tool for the biomedical appropriation of the body, what might a hospital look like which, in its very architecture, resists this appropriation and embraces the multiplicity, plurality and fragmentation of the body as imagined by Nancy?

Interdisciplinary theorizations of the hospital today, I want to suggest, demonstrate precisely an attention to forms of multiplicity, assemblage and disorder which rhythm hospital environments. The irreducible multiplicity and rhythmic complexity of the hospital as healing environment has been embraced as a factor for improving hospital design practically in *The Covert Life of Hospital Architecture*. This volume uses space syntax theory to rethink hospital architecture in often surprising ways. For instance, Rosica Pachilova and Kerstin Sailer concentrate on the central importance of community in healthcare practices and architectures, asking how hospital architecture can better cater to the intrinsic plurality of healthcare labour.<sup>50</sup> They concentrate on the figure of the nurse, for instance, whose participation in the community-like structures of healthcare has historically gone under-recorded. Design needs to be able to create spaces for the transmission of knowledge between doctors and nurses, members of the team who historically have met boundaries in terms of intercommunication.<sup>51</sup> They name the hospital corridor as a liminal zone for nurse-doctor communications which happen outside set hierarchies and constructs.<sup>52</sup> Pachilova and Sailer have brought this insight into practical application, having devised the ‘Spaces for Communication Index’ (SCI) to measure hospital space, not for its efficiency in terms of minimized distances travelled by healthcare workers, but rather in terms of ‘maximising communication opportunities related to teamwork, a crucial provision of good healthcare’.<sup>53</sup>

Importantly, the work of Victoria Bates has also foregrounded the sensory aspects of therapeutic environments. In ways resonant with *The Covert Life of Hospital Architecture*, Bates’s analysis of space and place focuses on the relational aspects of healthcare environments: she sees not simply a separation between space (geometrical) and place (a space overlaid with personal meaning), but rather how space/place binaries are porous and all space is constructed and mutable at the intersections of the objective and the personal.<sup>54</sup> One way in which Bates’s article here allows us to trace interactions between Nancy’s depiction

of illness and that of clinical space is in her insistence on the sensuous experience of body-technology interactions in therapeutic environments. Bates focuses in particular on representations of the MRI scanner in two cancer narratives, demonstrating how ‘[t]he machine is also not a passive or stable object onto which feelings or meanings are projected but part of a dynamic human-technology relationship’.<sup>55</sup> For Bates, the spatial experience of illness and of healthcare environments is necessarily transformative: ‘Just as the home enters the hospital, the hospital enters the home’.<sup>56</sup> The emphasis here, read alongside Nancy, is striking: Bates’s analysis suggests how the space of the hospital itself can become an uncanny intruder in the patient’s home environment, rather than merely acting as the site within which the Nancean experience of bodily intrusion occurs.

Bates’s work shows how the environment of the hospital and its physical architectures do not evoke inert or fixed walls, but rather the dynamic construction of space which emerges between patient and environment across different sensuous encounters and temporalities of care and illness. In ways echoing Pachilova and Sailer’s aims to redesign the hospital to support chance encounters between people beyond efficiency or order, Bates’ work documents the many ways in which hospital healing, functioning and dwelling exceed and resist the intended functions, processes or systems for which hospital architecture may be designed. Bates shows, for instance, how sensuous experiences of the hospital are diverse and forever-changing. Bates’s work, in this way, evokes a Nancean proliferation of ‘sense’ in the hospital space, evoking both the plurality of intrusions and forms of bodily strangeness of Nancy’s *L’Intrus*, and the multiplicity of space beyond fixed paradigms of architecture and construction.

The architecture of the hospital as witnessed by scholars like Bates, then, moves beyond paradigms of construction, resists the disciplinary and constructive schemas identified by Foucault, and evokes instead a multiple space of proliferating spatialities and

bodily experiences. This article has sought to extend Nancy's significance for ongoing work into experiences of hospital space and design. Through Nancy's 'struction', we can conceptualize how, beyond any plans for destruction or rebuilding, the hospital must witness, embrace and continue to be inventive with the forms of strangeness, intrusion and community that it amasses: from Nancy's intruding transplant, to Wynn's clinical uncanniness, to Carel's anaesthetized liminal spaces, to Wasson's 'waiting-with others', to Pachilova and Sailer's corridors of encounters.

## **Conclusion**

In a video by the Office for Metropolitan Architecture (OMA) for their project 'The Hospital of the Future', the final shot pans out to reveal an imagined future hospital seemingly on another planet. This strikingly evokes Nancy's and Barrau's conceptions of 'struction' beyond the architectural paradigm within the context of cosmological plurality. The OMA sets out the central problem currently facing architectural hospital design: 'the lifespan of hospitals is becoming shorter and shorter: the more recent their completion, the sooner they're out of date'.<sup>57</sup> This evokes the 'sorte de saturation et de rupture' that Nancy sees in constructive paradigms which, reaching 'sur-construction', collapse in on themselves into 'struction' ('De la struction', p. 93). The OMA's response is to build a hospital made of blocks that can be constantly added to: to build a hospital that 'builds itself' via robotics and 3-D printing; a hospital that 'produces what it consumes: its energy, its food, its medicine'.<sup>58</sup>

We see again the cosmic interplays between the Nancean multiverse of 'struction' and the hospital: a dynamic amassing of space in which proliferate diverse bodies, modes of healing and experiences of space. A rethinking of the hospital might respond to Nancy's call to 'reconnaître du "sens"' in 'struction' ('De la struction', p. 104) precisely through learning what Barrau terms 'composer avec le vertige'.<sup>59</sup> This involves, I suggest, figuring an embrace

of the forms of multiplicity, strangeness and intrusion that healthcare environments bring together and produce, as seen in the diverse testimonies of hospital space across Nancy, Bates and others. This is perhaps what it might mean to imagine clinical environments between Nancy and interdisciplinary hospital design: not developing or building new architectures, but rather enacting, embracing and *composing with* the ways in which the hospital is already multiple and proliferating, and in which it brings together multiple forms of alterity and strangeness.

Healthcare environments, approached through Nancy, are indeed places where medical interventions, life prolongations and cures take place; but they are by the same gesture spaces of necessary exposure to multiplicity, alterity, transformation, disorientation and even death. To invite this ambivalence to intrude and dwell within healthcare environments might liberate them from the Foucauldian hospital paradigm of military-like discipline and order, or from the rigidity Nancy sees in construction, or the phobia of mess and disorder noted by Barrau. We might then conceive of a hospital open to plural modes of healing which, alongside and beyond the treatment of illness, include forms of care which acknowledge and embrace the experiences of multiplicity, self-strangeness and intrusion that enable us to adventure within and outside of ourselves and to be in contact with others.

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<sup>1</sup> Ian James suggests the centrality of Nancy's illness and medical treatment to his wider philosophical project, *The Fragmentary Demand: An Introduction to the Philosophy of Jean-Luc Nancy* (Stanford: Stanford University Press, 2006), p. 5.

<sup>2</sup> See Nancy's short texts 'A Viral Exception', 'A Much Too Human Virus', and 'Communovirus', in *Coronavirus, Psychoanalysis, and Philosophy: Conversations in Pandemics, Politics and Society* (London: Routledge, 2021), p. 27, p. 62, pp. 89–91.

<sup>3</sup> Douglas Morrey maps the resulting back-and-forth dialogues between Nancy and Denis, 'Introduction: Claire Denis and Jean-Luc Nancy', *Film-Philosophy*, 12:1 (2008), i-vi.

<sup>4</sup> See Martine Beugnet's development of questions of strangeness and identity across Nancy and Denis, 'The Practice of Strangeness: L'Intrus – Claire Denis (2004) and Jean-Luc Nancy', *Film-Philosophy*, 12:1 (2008), 31–48.

<sup>5</sup> Francine Wynn writes across clinical nursing and philosophy, underlining the questions *L'Intrus* poses to healthcare, 'Reflecting on the Ongoing Aftermath of Heart Transplantation: Jean-Luc Nancy's *L'Intrus*', *Nursing*

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*Inquiry*, 16:1 (2009), 3–9; Sara Wasson’s work explores the temporality of transplant through *L’Intrus*, ‘Waiting, Strange: Transplant Recipient Experience, Medical Time and Queer/Crip Temporalities’, *Medical Humanities*, 47:4 (2021), 447–55.

<sup>6</sup> James, *Fragmentary Demand*, p. 65.

<sup>7</sup> McMahon, ‘Jean-Luc Nancy and the Spacing of the World’, *Contemporary French and Francophone Studies*, 15:5 (2011), 623–31 (p. 623).

<sup>8</sup> Christopher Watkin traces Nancy’s conceptualization of the relationality between beings in *La Communauté désœuvrée* (1986): ‘What Nancy is trying to avoid here is any substantial notion of being-together. His being-in-common does not depend in any way on *what* its participants share, but rather *that* they are exposed to each other’, in ‘A Different Alterity: Jean-Luc Nancy’s “Singular Plural”’, *Paragraph*, 30:2 (2007), 50–64 (p. 60).

<sup>9</sup> Jeri Brittin, ‘Foreword’, in *The Covert Life of Hospital Architecture*, ed. by Julie Zook and Kerstin Sailer (London: UCL Press, 2022), xxi–xxvi (p. xxv, p. xxiii).

<sup>10</sup> Kerstin Sailer, ‘The Social Logic of Spaces for Health: The Relational Hospital as a Response to COVID-19’, in *The Covert Life of Hospital Architecture*, 130–57 (p. 142).

<sup>11</sup> Julie Zook, ‘The Spatial Dimensions of Hospital Life’, in *The Covert Life of Hospital Architecture*, 1–20 (p. 3).

<sup>12</sup> See Ian James, *The Technique of Thought: Nancy, Laruelle, Malabou, and Stiegler after Naturalism* (Minneapolis: University of Minnesota Press, 2019).

<sup>13</sup> Benjamin Dalton, ‘The Plastic Hospital: Catherine Malabou’s Architectural Therapeutics’, *Essays in French Literature and Culture*, 58 (2021), 191–210.

<sup>14</sup> Michel Foucault, ‘L’Incorporation de l’hôpital dans la technologie moderne’, trans. by D. Reynié, in *Dits et écrits 1954–1988, Vol. III 1976–1979*, ed. by Daniel Defert and François Ewald (Paris: Gallimard, 1994), 508–21 (p. 508).

<sup>15</sup> ‘Il semblerait plutôt que s’expose une loi générale de l’intrusion: il n’y a jamais eu une seule intrusion’, Jean-Luc Nancy, *L’Intrus* (Paris: Galilée, 2010), pp. 31–2. Following references to this text are provided within in-text parentheses.

<sup>16</sup> Munar and Doering, ‘COVID-19 the Intruder: A Philosophical Journey With Jean-Luc Nancy Into Pandemic Strangeness and Tourism’, *Tourism Management Perspectives*, 43 (2022), 1–10 (p. 2).

<sup>17</sup> McMahon, ‘Jean-Luc Nancy and the Spacing of the World’.

<sup>18</sup> Wynn, ‘Reflecting on the Ongoing Aftermath of Heart Transplantation’, p. 9.

<sup>19</sup> Medical humanities work has also explored the role of patient illness narratives in healthcare. See Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago Press, 2013).

<sup>20</sup> Wynn, ‘Reflecting on the Ongoing Aftermath of Heart Transplantation’, p. 6.

<sup>21</sup> *Ibid.* For further exploration of the spatial and architectural resonances of the uncanny, see Anthony Vidler, *The Architectural Uncanny: Essays in the Modern Unhomely* (Cambridge, Massachusetts; London: MIT Press, 1992).

<sup>22</sup> Havi Carel, *Illness: The Cry of the Flesh*, 3<sup>rd</sup> edition (Abingdon: Routledge, 2019), p. 164.

<sup>23</sup> *Ibid.*, pp. 164–5.

<sup>24</sup> *Ibid.*, pp. 165.

<sup>25</sup> *Ibid.*, p. 166.

<sup>26</sup> Sara Wasson, ‘Waiting, Strange’, p. 451.

<sup>27</sup> *Ibid.*, p. 448.

<sup>28</sup> *Ibid.*, p. 450.

<sup>29</sup> *Ibid.*, p. 454.

<sup>30</sup> Laura McMahon, ‘Figuring Intrusion: Nancy and Denis’, *Contemporary French and Francophone Studies*, 12:4 (2008), 463–70 (p. 469).

<sup>31</sup> Munar and Doering, ‘COVID-19 the Intruder’, p. 8.

<sup>32</sup> Jean-Luc Nancy and Aurélien Barrau, ‘Préambule’, in Jean-Luc Nancy and Aurélien Barrau, *Dans quels mondes vivons-nous?* (Paris: Galilée, 2011), pp. 11–20 (p. 13).

<sup>33</sup> *Ibid.*, p. 19.

<sup>34</sup> Jean-Luc Nancy, ‘De la struction’, in *Dans quels mondes vivons-nous?*, pp. 79–104 (p. 89). Following references to this text are provided via in-text parentheses.

<sup>35</sup> Nancy, ‘Res Extensa’, trans. by Jonathan Derbyshire, in Jean-Luc Nancy, *Multiple Arts: The Muses II* (Stanford: Stanford University Press, 2004), pp. 166–70.

<sup>36</sup> Eugénie de Keyser traces the architectural resonances of Étienne-Martin’s *Demeures*, evoking the biographical influence of the sculptor’s childhood home, his collaborations with architects and ‘son rêve de faire des sculptures dans lesquelles on peut entrer’, Eugénie de Keyser, ‘Étienne-Martin’, *Bulletin de la Classe des Beaux Arts*, 10:7–12 (1999), 129–42, p. 133.

<sup>37</sup> Nancy, ‘Res Extensa’, p. 166.

<sup>38</sup> *Ibid.*, p. 166.

<sup>39</sup> *Ibid.*, p. 167.

<sup>40</sup> McMahon, 'Jean-Luc Nancy and the Spacing of the World', pp. 626–7.

<sup>41</sup> Aurélien Barrau, '... Et de l'unstruction', in *Dans quels mondes vivons-nous?* pp. 105–53 (p. 106).

<sup>42</sup> *Ibid.*, p. 143.

<sup>43</sup> Foucault, 'L'incorporation de l'hôpital dans la technologie moderne', pp. 508–21.

<sup>44</sup> I analyse Foucault's analysis of the spatiality of clinical medicine in *Naissance de la Clinique* in my article 'The Plastic Hospital'; my focus in the present article, however, is Foucault's explicit work on hospital architecture.

<sup>45</sup> Foucault, 'L'incorporation de l'hôpital dans la technologie moderne', pp. 512–13.

<sup>46</sup> *Ibid.*, p. 513.

<sup>47</sup> *Ibid.*, p. 518.

<sup>48</sup> *Ibid.*, p. 519.

<sup>49</sup> James, *Technique of Thought*, p. 92. James' use of 'panoptical' recalls Foucault's own work on the panopticon as a disciplinary architecture of enforced surveillance. See Sinéad Gleeson's engagement with Foucault and with the panopticon in her own auto-theoretical writing on the hospital, *Constellations* (London: Picador, 2019), pp. 107–18.

<sup>50</sup> Rosica Pachilova and Kerstin Sailer, 'Working Together in Healthcare Space', in *The Covert Life of Hospital Architecture*, pp. 56–79.

<sup>51</sup> *Ibid.*, pp. 67–8.

<sup>52</sup> *Ibid.*, pp. 68–9.

<sup>53</sup> *Ibid.*, p. 70.

<sup>54</sup> Victoria Bates, 'Sensing Space and Making Place: The Hospital and Therapeutic Landscapes in Two Cancer Narratives', *Medical Humanities*, 45 (2019), 10–20.

<sup>55</sup> Bates, 'Sensing Space', p. 14.

<sup>56</sup> Bates, 'Sensing Space', p. 19.

<sup>57</sup> OMA, 'The Hospital of the Future', *YouTube* (11 April 2022) [Online video]. <<https://www.youtube.com/watch?v=YlpYdLh0N58>> [accessed 27 May 2023].

<sup>58</sup> *Ibid.*

<sup>59</sup> Barrau, '... Et de l'unstruction', p. 145.