

Benjamin Dalton, 'Paul B. Preciado's queer hospital: healthcare architectures for pleasure and transformation', *Senses & Society*, 19.3 (2024)

**Paul B. Preciado's Queer Hospital:  
healthcare architectures for pleasure, transformation and subversion**

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Abstract

This article brings the contemporary philosopher Paul B. Preciado's work on queer sexuality and embodiment into close contact with his work on architecture, asking how Preciado's work can help us to reconceptualise the design of clinical spaces and environments to care more effectively for queer and non-normative bodies. In *Testo Junkie* (2008), Preciado explores how the body is constructed in advanced capitalism as a work of both social construction and bio-technological engineering. The focus of *Pornotopia* (2011), meanwhile, is the specific role played by architecture in the construction of modernity's bodies, genders and sexualities. Across both works, Preciado dialogues closely with Michel Foucault, showing how normative genders and sexualities are actively produced and policed through the complex interplays between social, biomedical, technological and architectural forces and structures. Preciado, however, goes one step further, exploring how we might 'hack' these same structures and use biomedical technologies and architectural concepts to emancipate the bodies and desire from normative constraints, thus liberating the body's true capacities for pleasure and transformation. Reading Preciado alongside interdisciplinary scholarship on queer healthcare design, this article questions investigates how "hacking" clinical architecture through queer interventions can transform the sensory landscapes of healthcare.

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Introduction: "Close the clinic" (Preciado 2022a, 211)?

The work of the contemporary philosopher Paul B. Preciado investigates the ways in which bodies and identities are transforming in relation to evolutions in biomedical science and healthcare, underscoring how medicine imposes normative constraints on the body whilst simultaneously offering potentialities for bodily (re)invention and queer emancipation.<sup>1</sup> At the heart of this ambivalent relationship between the body and biomedicine in Preciado, this article argues, are the physical spaces,

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<sup>1</sup> For a comprehensive overview of Preciado's contribution to contemporary queer theories, see Evans 2020.

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environments and architectures within which healthcare occurs. Preciado's philosophy, I suggest, has the potential to radically challenge existing hospital design and imagine the healthcare architectures of the future whilst also reinvigorating and engendering shifts in philosophical approaches to the hospital. For instance, Preciado's engagements with hospital spaces consistently dialogue with Michel Foucault's influential work on the spatial and architectural configurations of medicine in works such as *The Birth of the Clinic* (1963).<sup>2</sup> Yet, where Foucault's work imagines the clinic as an intrinsically normative space for controlling and categorizing bodies, Preciado's philosophy, it will be seen, proposes ways of reappropriating and reactivating clinical architecture for the care of non-normative bodies and for the critique of the normative mechanisms of medicine. Building on my research into philosophical re-imaginings of healthcare environments post-Foucault (Dalton 2021; 2023; 2024), this article identifies Preciado as a key catalyst for the transformation of current and future clinical spaces, here specifically through his activation of the queer potentiality of biomedicine and healthcare. Preciado, we will see however, catalyses the transformation of the hospital environment from the bottom-up, mapping how the body of the patient and the patient's own sensory experience might transform the clinical environment rather than how built architecture or physical spaces might impact on the patient. Preciado invites his audiences to become practically engaged, to live out his philosophies in real clinical environments, engaging in a radically new sensory and affective relationships with clinical architectures, transforming these architectures in the process.

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<sup>2</sup> Foucault remains extremely influential in (queer) approaches to the clinic. Lance Wahlert and Autumn Fiester remind us in their introduction to the Special Issue "Queer in the Clinic": "As Michel Foucault and other cultural theorists have argued, the clinic is an intensely problematic space for queers because many of their identities and categories were born there" (2013, 86).

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Preciado's film *Orlando: My Political Biography* (2023) imagines the sensory landscapes of clinical spaces as radically reconfigured through the actions and experiences of queer patients who pass through them. One scene follows a group of trans and non-binary patients—each incarnating a different version of the time-traveling and sex-changing protagonist Orlando of Virginia Woolf's novel *Orlando: A Biography* (1928)—who are sat in a waiting-room to see a doctor to obtain the hormones oestrogen or testosterone. At first, the waiting room is as we might expect: beige walls; silent; non-descript furnishings; patients quietly reading. Then, however, talking to each other, the patients discover they have all been waiting months for a prescription and that, to obtain hormones, they must conform to certain diagnostic expectations and tell the doctor that they wish to transition to a binary form of sexual identity. Suddenly, the people in the waiting room begin swapping their own hormones freely, passing around a jar of oestrogen pills or administering injections of testosterone between them. The waiting room becomes an anarchic space of self-determination, invention, pleasure and euphoria: the beige of the walls are now illuminated with psychedelic disco lighting; the patients are dancing whilst taking the pills; the room is flooded with music with pulsing synths, and a voice sings out: "you might be synthetic, but not apologetic; you're not the doctor's bitch". In a later scene, we are in a hospital operating theatre. The surgical team is composed of members of the cast of trans and non-binary "Orlandos" who have been introduced throughout the film. There is not a human body on the operating table, but a copy of Woolf's *Orlando*. Paul B. Preciado, in voiceover, explains that surgeries operate not just on biological bodies but on "political fictions". In silence, careful incisions are made in the book with a surgical scalpel and the operation begins. The trans and non-binary surgical team of "Orlandos" transform the operating theatre into a space of political

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and aesthetic (re)invention. We do not experience here the psychedelic colours or music of the previous waiting room and the sensory landscape of the operating theatre remains as we might expect: silent, concentrated, sterile, dark apart from spotlights on the operated "body". However, in both scenes, clinical environments are radically transformed into sites which recognize the body to be "political fiction", re-appropriating medical spaces, sensory environments, tools, procedures for the deconstructions of normative bodies and for queer re-invention and liberation.

Indeed, strategies for the subversion and transformation of medical practices and environments are developed throughout Preciado's philosophical writing. *Countersexual Manifesto* urges readers to subvert restrictive ideas of bodily pleasure and sexuality imposed by "disciplinary medical and psychosexual definitions of the supposed sex organs" (2018, 34); *Testo Junkie* (2013) recounts Preciado's own self-administering of testosterone, detailing how taking the hormone on his own terms allows him to claim agency over his own corporeal mutations; and *Can the Monster Speak?* explores how the institution of psychoanalysis has pathologized queer identities existing beyond binary gender, calling for "a mutation in psychoanalysis" (2022b, 77). Across his work, Preciado locates possibilities for resistance and subversion *within* biomedical practices, inciting his readers to "hack" or become "hackers" of the biotechnological forces and processes constructing their bodies (2013, 55; 2022c, 561). This article suggests that the spatial and architectural constructions of healthcare institutions are central not only to Preciado's understandings of the (hetero)normative, restrictive forces of medicine, but also to the potentiality of his philosophy to liberate bodies and identities. Preciado's philosophy, I argue, thus allow us to "hack" not just biomedical and biotechnological processes and forms of knowledge but also hospital and clinical architectures in

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order to explore the transformative, queer potentialities of healthcare spaces.

Indeed, this “hacking” is necessarily conducted through the body and through its sensory experience. Preciado indeed coins the term “autotheory” in *Testo Junkie* (2013, 347): a mode of philosophical writing that brings together theory and autobiography, centring the material body itself, and its physical experiences, as the generator of philosophical concepts. Thus, we will see, the bottom-up re-imagination of healthcare spaces programmed by Preciado is a re-invention that is brought into being through the body's sensory engagement with these spaces.

Beyond Preciado, scholarship has underlined how different clinical settings comprise both sensory environments and administrative rituals that are simultaneously violent to queer bodies and brimming with queer history and potential for queer emancipation. Studies have explored the historically violent and “unwelcoming” nature of clinical spaces for queer people (McPhail, Lorway and Chevrier 2022), demonstrating how the association of healthcare settings with queerphobic violence can prevent queer people from accessing medical care (Hrynyk et al. 2023, 955-56). Simple alterations to the sensory environment of the clinic, such as “rainbow stickers [and] posters featuring 2SLGBTQ+ relationships and health concerns” make a significant difference in signalling the space as “safe” to queer patients (McPhail, Lorway and Chevrier 2022). Hil Malatino recalls the discomfort of the environment of the urologist's waiting-room in South Florida as an intersex person, characterising the experience of being there as a “trespass” into “masculine space” (2013, 241). The gendering of the space results from its sensory make-up and visual markers of normative masculinity: “the walls are flanked by deep mahogany molding; the frames holding the unutterably bland art are gold leaf; [...] the magazine selection trends towards gold, high-end vehicles” (2013, 242).

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Other critics, meanwhile, insist upon the intrinsic queerness of clinical space. Lisa Diedrich and Geoffrey Rees, in different ways, offer “reparative readings” of clinical spaces (Diedrich 2013; Rees 2013). Rees describes the clinic as a “very queer space”, drawing parallels between the space of the clinic and that of the “tea room” within which gay men meet for sexual encounters: “movement through both spaces is typically marked by anxiety and excitement [...]. Both spaces are also quite literally subdivided into multiple smaller spaces of carrying degrees of privacy within which people loiter in various states of undress and boredom and anticipation” (2013, 112). The clinic and the tearoom, for Rees, are aligned in aspects of their sensuous experience: both spaces oscillate between publicity and intimacy, between visibility and privacy, comprising “an aura of voyeuristic interest” and “furtive glancing at people as they enter and exit” (2013, 112). Diedrich, meanwhile, surveys queer uses of the clinic prior to its transformation through HIV/AIDS, arguing for a “clinical *ars erotica* as a practice that contrasts with a *scientia medicalis*” (2013, 130).

Whilst scholarship on Preciado's work has highlighted its possible applications for reconceptualizing medical care (Jones 2018; Robu 2023; Webster 2023), it has not yet fully considered its implications for clinical architecture and design. Indeed, I want to suggest that the potential of Preciado's work for negotiating queer clinical futures lies precisely in its challenge to architecture. Indeed, Preciado explicitly situates architecture at the forefront of his proposed revolutionary politics in “Architecture as a Practice of Biopolitical Disobedience” (2012), detailing modes of subversion within and through architecture: “Can there be an architectural practice of gender and sexual disruption?” (2012, 121). Moving beyond Foucault's account of “disciplinary architectures” such as prisons and hospitals (2012, 122) into what he terms the current “pharmacopornographic” era, Preciado maps how architecture is

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mutating in response to “new microprosthetic mechanisms of control emergent from advanced biomolecular techniques and media networks” (2012, 125). Here, architecture and biomedical technologies have merged. Architecture no longer simply designates external buildings but “is morphing, going soft, getting wet” (2012, 128) and has become internalized: “the body no longer inhabits disciplinary places, but is now inhabited by them. Architecture exists *in us*” (2012, 130). Preciado argues that the key to resistance through architecture lies in exploring how the non-normative bodies rejected by society “are able to access the architectural and urban technologies for the production of life and subjectivity, and to redefine democratic space” (2012, 134). He thus invites us “to invent a practice of epistemic architectural disobedience” (2012, 134). Such “architectural disobedience”, I argue, enacted through the sensing body, necessarily entails a reappropriation and transformation of the sensory experience of space and architecture.

It remains to be seen exactly how this “architectural disobedience” might be activated specifically within clinical architecture and healthcare design. Indeed, the future of the hospital is highly ambiguous in Preciado's visions of biomedical futures. On the one hand, hospitals and healthcare environments, we will see, occupy an instrumental position in Preciado's analysis of the simultaneous captivity and potential queer liberation of the body at the intersections of biomedical science and architecture. Simultaneously, Preciado playfully urges us to “[c]lose the clinic” (2022b, 211) and to “[g]o into a psychiatric hospital and replay the main science in *Animal Farm*” (2022b, 212). If the hospital figures among the architectures incorporated into living bodies detailed by Preciado, this article explores how architectural subversion of the hospital is as much an internal practice of reinhabiting and redesigning our internalized hospitals as it is about reconceptualising external

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clinical environments and sensory landscapes. It thus importantly builds on scholarship on the sensory experience of clinical environments,<sup>3</sup> asking not only how the body feels in these environments, but, following Preciado, *how such environments feel when internalized within the body* and how the body can sense, and re-appropriate, these internalized environments.

First, I explore *Testo Junkie*, analysing how clinical architectures have become incorporated within the living body alongside normative constructions of gender and sexuality. Then, I turn to strategies of resistance in Preciado's account of the "drag king workshops", arguing that these workshops figure spaces outside of the hospital which allow bodies to dismantle, or redesign, internalized normative healthcare architectures. Finally, mapping Preciado's imaginings of queer utopic spaces, I ask how the transformation of internalized architectures might lead to re-imagined external clinical environments and sensory landscapes for queer healthcare now and in the future.

#### Preciado's clinic after Foucault: from external hospitals to internalized hospitals

Preciado's engagement with biomedicine and healthcare structures analyses how these structures designate certain bodies, genders and sexualities as pathological. In *Testo Junkie*, choosing to take testosterone autonomously rather than according to any medically predetermined course of treatment, Preciado voices his frustration at the rigid and pathologizing medical categories with which he is faced:

As soon as a body abandons the practices that society deems masculine or feminine, it drifts gradually toward pathology. My biopolitical options are as follows: either I declare myself to be a transsexual, or I declare myself to be drugged and psychotic. Given the current state of things, it seems more prudent to me to label myself

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<sup>3</sup> See ground-breaking work exploring healthcare settings through the senses in Allitt et al., 2023.



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a transsexual and let the medical establishment believe that it can offer a satisfying cure for my "gender identity disorder." (Preciado 2013, 256)

The hospital appears in Preciado, I suggest, as the architectural correlate to the gendered normativity of the "medical establishment" from which Preciado seeks to escape. Describing his *Countersexual Manifesto* as "the angry and impertinent response to the heterocolonial castration of the living being's radical multiplicity", Preciado continues: "We live in a world where violent gender diagnosis is a legalized practice in every modern hospital" (2018, 5). Referring to Foucault's *The Birth of the Clinic* and *Les machines à guérir*, Preciado clarifies: "within the modern disciplinary regime, the hospital is not just a place for healing, according to Foucault, but also a megastructure for bodily surveillance" (2014, 110).

Preciado, however, observes that the architecture of the hospital described by Foucault is no longer (just) bricks and mortar, but now a mobile architecture that infiltrates into other spaces and into the body itself. Preciado describes furniture in the domestic setting as invaded and co-opted by clinical architecture: "This couch could be a bed in a psychiatric hospital. [...]. The couch is a tentacle of the control system, an installation within inner space in the form of living room furniture" (2013, 135). Further, Preciado's narrative of the creation of the contraceptive pill also describes a shift from the hospital as a physical site to one that has been internalized in the organic body, evoking again the hospital's extension and mobility beyond its physical walls. Preciado notes how the pill was originally trialled in the Worcester State Hospital (2013, 176). He describes the architectural and visual make-up of the hospital explicitly in relation to Foucault's readings of the hospital, and notes: "A visual and spatial machinery to produce knowledge about madness and reason, the Worcester Hospital combined prison architecture with large collective rooms and

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numerous workshops for experimental treatment, such as saunas and rotating chairs intended to cure patients" (2013, 176-77). Preciado demonstrates how the pill, in its contemporary form, bears witness to an internalization of disciplinary architecture—an installation of the Panopticon within the human body and mind:

We can think of the Pill as a lightweight, portable, individualized, chemical panopticon with the potential to change behavior, program action, regulate sexual activity, control population growth and racial purity, and redesign the sexual appearance (by refeminizing it synthetically) of the bodies that self-administer it. The surveillance tower has been replaced by the eyes of the (not always) docile user of the Pill who regulates her own administration without the need for external supervision [...]. (Preciado 2013, 205)

Preciado describes what it means to internalize disciplinary architecture: "It is a form of control that is both democratic and private, edible, drinkable, and easy to administer [...]. In the pharmacopornographic age, biopower dwells at home, sleeps with us, inhabits within" (2013, 207). Again, Preciado's philosophy invites us to explore how clinical architecture *feels* when it is internalized within the body rather than how the body experiences the hospital as external architecture. Strikingly here, the internalized architectures of control that Preciado sees in the pill are completely imperceptible: whereas external hospital architectures, as we have seen above (McPhail, Lorway and Chevrier 2022; Malatino 2013), correlate with clear affective responses of (un)safety and (dis)comfort for queer patients, the internalized architectures explored by Preciado constitute more insidious mechanisms of control in that they go completely *unsensed*.

This internalization of such architectures of control, however, is not terminal for Preciado: "machinic enslavement also determines new possibilities for subversion" (2013, 208). If we learn to acknowledge and *sense* the ways in which our bodies are pharmacologically regulated technologies of self-surveillance and

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self-control, Preciado seems to suggest, then we can learn to subvert and invent from *within* these technologies; we can become "gender hackers" or "copyleft users" (2013, 55) of the bio-technological architectures of our bodies. This is precisely what Preciado undertakes to explore in his own adventure with testosterone. He describes his self-administration of the hormone as a heady trip akin to drug use, conducted defiantly outside of medical guidelines (2013, 250). Preciado's anarchic use of the drug negotiates an agency in pharmacological self-determination: "It is [...] only through the strategic reappropriation of these biotechnological apparatuses that it is possible to invent resistance, to risk revolution" (2013, 344). For Preciado, perhaps, resistance and revolution occurs through becoming conscious of the imperceptible clinical architectures of control that have been internalized and reappropriating these architectures through a new sensuous relationship with the body. Preciado's self-administration of testosterone on his own terms as a "testo junkie", for instance, depicts taking the drug not as the imperceptible incorporation of biopolitical architectures and normative bodily forms, but as an embodied, sensory adventure of transformation, pleasure, and even "getting [...] high" (2013, 95).

Preciado highlights the necessarily collaborative structure of his proposed revolution: "We must reclaim the right to participate in the construction of biopolitical fictions. We have the right to demand collective and 'common' ownership of the biocodes of gender, sex, and race" (2013, 352). It is not simply about re-modelling or refurbishing one's inner-hospital, but about redesigning clinical space *together* at the interstices between each body's own bio-technological inventions and architectures. Preciado's engagement with "drag king workshops" (2013, 364-380), we will now see, constitute spaces to catalyse such a collaborative remodelling of internalised

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clinical architectures away from the hospital through bodily experience, sensory experimentation, and pleasure.

Preciado's "workshops" outside of the hospital: redesigning inner and outer healthcare environments for transformation, pleasure, and subversion

Preciado describes the first time he participates in a "drag king workshop" when living in New York (2013, 364). Preciado recounts how the workshop, held in the LGBT Community Centre, begins by inviting the stories of everyone present. Attendees speak with great intimacy and vulnerability, for instance of sexual traumas (2013, 365). A certain kind of environment materializes out of these narratives: "a denser and denser fabric of voices is created it surrounds us and allows us to cover ourselves with shared words, creating a collective second skin" (2013, 366). The voices brought together by the workshop, then, form a physical environment of words; this environment acts as a "protective membrane" that cocoons the communal debunking of the artifice of gender and sexual identity, leading to a sense of "political joy" (2013, 366). The use of "membrane" and of "skin", in particular, evokes the creation of a joint sensory organ of touch that is shared across bodies at the workshop. If McPhail, Lorway and Chevrier study how "queer patients are [...] taking the creation of 'safer' spaces into their own hands", for instance in self-advocating by learning how best to communicate their queer identities to clinical staff (2022, 9), Preciado's workshops evoke the autonomous creation of therapeutic safe spaces as a shared, sensory skin for communicating and healing from trauma outside of the clinic.

Although not situated within clinical spaces, these workshops however have the potential to parody, subvert, and claim agency over biomedical practices.

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Preciado refers to the drag king workshops as “a new practice of political therapy, part of an array of techniques of criticism, reprogramming, and psychopolitical care” (2013, 378). For Preciado, drag, as a subversive therapy, is not simply a mode of inhabiting different gendered identities at the level of behaviour or performance; more radically, he demonstrates, drag has the potential to interact with biomedical potentialities and program future pharmacological transformations. Recalling a moment at which he constructs an artificial beard, Preciado states: “Such artifice is therefore not merely a masquerade, a disguise, pure exteriority, but a revelation of a pharmacopornographic possibility already existing in my genes” (2013, 367). The space of Preciado's workshop, then, is not entirely separate from or antithetical to clinical space; indeed, it is within the space of the workshop that alternative biomedical futures are imagined, programmed, and activated.

If, for Evans, Preciado's project is one of the “denaturalization” of the normative body (2020, 47), and his instructions for emancipatory bodily practices in the *Countersexual Manifesto* figure “an incitement to engage in and proliferate various countersexual bodily pleasures free from the pathologizing medical discourses attached to desire” (2020, 52), the subversion of the body induced by the workshop, I propose, might also entail the denaturalization of the pathologizing architectures of the clinic through which the normative body is produced. In *Can the Monster Speak?*, Preciado writes: “I speak to you today from this elective, refashioned cage of the ‘trans man’, of the ‘non-binary body’. Some will say that this, too, is a political cage: whatever the case, this cage is better than that of ‘men and women’ in that it acknowledges its status as cage” (2013, 20). This evocation of the self-conscious cage casts Preciado's subversion of identity in architectural terms. In its simultaneous exposure of the confines of gender and the pharmacological re-

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appropriation and reactivation of these confines, Preciado's insight here might also be mobilized for clinical spaces: the hospital may indeed be a cage, but if the hospital can be recognized as cage through learning to sense and experience its incorporation within the body, this cage can be repurposed for resistance, subversion, creativity, and pleasure. Indeed, what might it mean to hold Preciado's workshops in the clinical space itself, inviting both patients and clinicians? If Hrynyk et al. advocate for the creation of truly queer healthcare environments via the self-reflexive engagement by clinicians with the power structures of medical institutions through queer theory (2022, 959). Preciado's workshops might offer a practical, subversive alternative to this proposed training of staff via queer theory (Hrynyk et al., 2022, 959).

Could Preciado's queer workshops, then, work as an architectural tool for redesigning clinical spaces, both in terms of those internalized in the body and external healthcare environments? Indeed, Preciado's analysis of the workshops in *Testo Junkie* is followed by a discussion of the medical case of "Agnes", a person diagnosed with "genuine hermaphroditism" by a team at University of California. Evoked in Preciado's description of the medical examination of Agnes is the violence and tedium of the clinical environment, which becomes a process of endurance: "more than thirty hours of interviews" and "a detailed endocrinological and hormonal analysis" (2013, 381). Agnes undergoes gender affirming surgery to remove male genitals and assign her female sex. It emerges later, however, that Agnes had not been born intersex, and had in fact opted to change her body hormonally through taking her sister's and mother's contraceptive pills, and had posed as intersex to gain access to gender affirmation surgeries. Preciado celebrates Agnes' subversive use of "biodrag" in which Agnes effectively plays the medical institution in order to

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construct her own body, which is now, in Preciado's words, "truly a sexual colossus of self-design, [...] the result of the reappropriation, use, and collective arrangement of certain technologies of gender" (2013, 388).

Both Preciado's drag kings workshops and his retelling of Agnes' story uncover different modes of experimentation, then, with both internalized and external clinical and disciplinary architectures. The drag king workshops, operating outside of healthcare institutions, nevertheless build a new environment of care through the deconstruction of gender through drag as a communal, therapeutic practice that can leak into, reprogram, and subvert future clinical practices, spaces and architectures. Agnes' story, meanwhile, in Preciado's reading, articulates how internalized clinical structures can be repurposed as tools of self-invention and transformation. Strikingly, Preciado plays on the architectural metaphor of DIY here, describing Agnes' subversive use of the clinic as "do-it-yourself bioterrorism of gender" (2013, 389).

To queer the hospital through Preciado, then, would not entail a purely intellectual activity of exposing the normative structures at work in healthcare, for instance by using queer theory to educate clinicians as proposed by Hrynyk et al. (2022, 959); rather, in addition to the mobilization of theory, the queering of clinical space would necessitate practical acts of subversion carried out by living bodies and behaviours, and mobilized consistently and collectively in creative workshop spaces. These acts and behaviours work to transform the body into a laboratory, through which traumatic clinical histories can be expressed, normative programs of embodiment can be de-activated, and new inhabitations of clinical space can be invented through bodily, sensory experimentation.

Blueprints for clinical utopias in Preciado: architectures beyond discipline

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Beyond Preciado's analyses of the normative, disciplinary functions of architecture, his work also imagines subversive, creative architectures, spaces, and environments for queer modes of (in)habitation and (re)invention. "ARTICLE 11" of the *Countersexual Manifesto* calls for a "countersexual architecture" (2018, 38). Here, as in Preciado's call for "architectural disobedience" (2012, 134), however, the precise blueprints for subversive architecture remain suggestive and yet to be invented.

Just as *Testo Junkie* depicts how biomedicine comprises both disciplinary mechanisms and tools for emancipation, Preciado's *Pornotopia* underlines how physical architecture itself can engender both liberation and imprisonment, suffering and pleasure. He explores, for instance, the *Playboy* empire as an example of how gender, sexuality and erotic excitation became externalized across space and architecture into living environments built of both physical spaces and media: "Far from being simply an erotic magazine, Playboy forms part of the architectural imaginary of the second half of the twentieth century" (2014, 17). In his analysis of the architectural make-up of the Playboy Mansion itself, Preciado again draws dialogues with the Foucauldian readings of the hospital and prison, casting the Mansion itself as an "epistemological and economic machine" (2014, 110). We see how, for Preciado, architectures merge together, with the hospital, prison, and Playboy Mansion overlaid as synthetic sites for healing, for the production and administration of gendered and sexual bodily norms, and for utopic eroticism and pleasure. Here, provocative dialogues emerge between the hospital and the design of architectures of pleasure and pornography.

The Playboy Mansion, for Preciado, materializes a utopian architecture which both subverts and challenges normative forms of sex(uality) whilst also transposing



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disciplinary architectural structures into a new "pharmacopornographic" era. He connects the Playboy Mansion to the unrealised architecture of the "Oïkema", designed by Nicolas Ledoux at the end of the 18<sup>th</sup> century as an architectural playground for pleasure and sexuality (2014, 111-13). The Oïkema, as Preciado describes it, is both a "sexual utopia" and a continuation of architectural systems of control designed to keep the body under surveillance, orchestrating and appropriating its movements and secretions (2014, 111). In this way, Preciado sees the Playboy Mansion as making manifest "Oïkema's tension between reform and revolution, between control and subversion, between disciplinary architecture and heterotopia" (2014, 131). If architectures such as the Oïkema teeter on the boundary between revolution and imprisonment, and hospitals teeter between healing and control, what forms of architecture might unlock the potentials for liberation, self-invention and care without falling back into control?

Beyond his analysis of the ways in which architecture participates in the pharmacopornographic construction of our bodies and subjectivities at the intersections of media-drugs-architecture, Preciado is also interested in how different kinds of architecture can function to undo and deconstruct the body and identity. *An Apartment on Uranus* is full of meditations on alternative spaces of liminality, transition, freedom, and pleasure. Preciado recounts his nomadic life, inhabiting different apartments in different countries; he imagines an apartment in the cosmic location of Uranus, which he establishes as an interstellar queer utopia (2022a, 30-33). Preciado returns repeatedly in his work to the figure of the empty house. Preciado describes a joyful synergy between his trans body and his vacant home in Athens:

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it was not by chance I was keeping this space empty: I established a substantive relationship between my gender-transition process and my way of inhabiting space. Over the first year of transition, as the hormonal changes were sculpting my body like a microscopic chisel working from within, I could only live as a nomad. Crossing frontiers with a passport that barely represented me was a way of materializing the transit, making the shift visible. Today, for the first time, I can stop. Provided this house remains empty: suspend the techno-bourgeois conventions of table, sofa, bed, computer, chair. Body and space are confronted without mediation. In this way, face to face, they are no longer objects, but social relationships. My trans body is an empty house. (Preciado 2022a, 196)

The emptiness of the space supports the openness and spontaneity of Preciado's body (2022a, 196-7), protecting it against any definitive inscription or function. Within this protection, Preciado is able to explore new forms of pleasure precisely through the space's resistance to static conceptions of gender and sexual identity. Describing sensuous and sexual encounters with another person, intensified by the empty space's "[f]reedom from habit", Preciado states: "The beauty of this singular experience, which could be called 'unfurnishing', makes me wonder why we force ourselves to furnish houses, why it is necessary to know our gender, know what sex attracts us" (2022a, 197).

Elsewhere in *An Apartment on Uranus*, Preciado describes a similar affective response to the nothingness of a hospital room. Recalling a hospital in which he visited his mother recovering from an operation, Preciado describes of the room: "For me, precisely because it reminds me of nothing, this hospital room seems more welcoming than the family home, safer than the commercial streets, more festive than the church squares" (2022, 268). Another imagining of hospital rooms then emerges in Preciado; his empty apartment meets the empty space of his mother's hospital room, imagining a blankness of space to welcome bodily mutations and improvisations. These conceptualisations of "unfurnishing" (2022a, 197) and the creative vacancy of space resonate with Malatino's engagement with the space of

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the urologist's waiting room: Malatino describes how the waiting room is bound up with an anticipatory sense of waiting for normative or definitive gender to materialise, comparing this to the impossible, interminable waiting of Samuel Beckett's *Waiting for Godot* (2013, 243). Rather, Malatino suggests, "the existential task becomes one of transforming the waiting room, making home and building community in spaces of liminality of transience, in order to ameliorate our shared sense of ontological homelessness" (2013, 243). Preciado's queer "unfurnishing" meets Malatino's desire to dwell within the liminality of the queer waiting room, suggesting the possibility of embrace, rather than attempting to fill, the oft-evoked vacancy of clinical spaces, emptying these spaces of their ritualised functions and expected behaviours.

In *An Apartment on Uranus*, for instance, Preciado describes his nomadic lifestyle spatially and architecturally, through recollections of the different beds he sleeps in—including hospital beds; he evokes waking up each day in the style of Gregor Samsa from Kafka's *Metamorphosis*, disoriented and transformed (2022a, 174-5). Rather than resisting these mutant, migrant states of being, Preciado turns to the utopian "New Babylon project" by the architect Constant as a way of capturing and embracing these stages of being through built environment. Although Preciado does not describe Constant's vision in detail, the project envisaged a kind of architectural overlay to existing cities, suspending a level above the existing urban environment where inhabitants would be free of the architectural structures below to transform and invent new modes of living. Preciado sketches Constant's idea of "an immense, single shared roof that protected a multitude of forms of life, covering them all under a vast mutant carapace allowing both freedom of movement and interconnection. [...] a Gregor Samsa architecture" (2022, 176).

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Preciado, in this way, can help us to reimagine the hospital and other healthcare environments similarly as a "Gregor Samsa architecture" fit for the queer transformations that contemporary bodies are experiencing. Preciado imagines the sensory landscape produced by a reinvigoration of the Babylon project in the style of Constant: "I imagine the spread of warmth and sound, the echoes of a thousand conversations" (2022a, 176). Is this the new sensual landscape of the hospital that might emerge from Preciado? What is striking about Preciado's evocation of Constant's "New Babylon" design is its enabling of the suspension of the co-existent planes of old architectures and utopic new spaces. It remains to be seen how Preciado's subversive queer clinical practices might both be used to mobilize new forms of healthcare spaces whilst also learning to (re)inhabit existing healthcare architectures such as the hospital.

#### Conclusion: The dysphoric hospital

Preciado specifies how, although architecture has shifted away from the external disciplinary structures documented by Foucault and towards mobile, internalized structures, the old disciplinary architectures still stand as relics: "We inhabit the old disciplinary architectures without knowing if we are living in biopolitical incubators or in coffins. Our relationship to them is necrophiliac" (2012, 129). We find ourselves, then, at a tension between the hospital as a necrotic vestige of Foucault's disciplinary architectures; the internal or internalized hospitals that we have "swallowed" like the Pill (2013, 207-8); and the new forms of queer healthcare spaces that are beginning to emerge through activist and philosophical activity. The disjoint rising from this tension, I suggest, might be described with recourse to Preciado's concept of "dysphoria" as developed in *Dysphoria Mundi* (2022c). Here,

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Preciado reappropriates the medical term "dysphoria" in order to describe a global, communally experienced sensation of slippage between our increasingly mutant, queer bodies and beings and the normative categories from which these beings are increasingly dislocated (2022c, 19).

*Dysphoria Mundi* joins Preciado's previous works in its recurrent attention to architectural forms. In particular, Preciado is transfixed by the image of the ruined Notre Dame cathedral following its devastating fire in 2019. Preciado urges us not to try to repair the ruins, but precisely to embrace them: "Let us not reconstruct Notre-Dame. Let us honour the burned forest and the black stone. Let us turn her ruins into a punk monument, the last of a world that is finishing and the first of another world that is beginning" (Preciado 2022, 86; *my own translation*).<sup>4</sup> Perhaps, then, we must approach the hospital as an equally dysphoric figure or architecture. We might see the feelings which emerge in Preciado's work of approaching dysphoric healthcare institutions like the hospital as productive feelings in that they might spur readers of Preciado, and bodies inhabiting hospitals, to practice radically new modes of embodiment, care, and healthcare. Preciado urges us: "Use your dysphoria as a revolutionary platform" (2022c, 562; *my own translation*).<sup>5</sup>

Preciado's queer hospital, then, emerges out of collisions between the old forms of the hospital that still stand (and are still being built) today, the forms of clinical architecture Preciado argues we have internalized into our bodies, and the new clinical-rebellious forms of "autobiohacking" (2022c, 561) that Preciado urges us to engage in. The queer hospital would be born out of a productive sensation of dysphoria, in which bodies repurpose biomedicine as a tool for self-transformation

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<sup>4</sup> "Ne reconstruisons pas Notre-Dame. Honorons la forêt brûlée et la pierre noire. Faisons de ses ruines un monument punk, le dernier d'un monde qui se termine et le premier d'un autre monde qui commence" (Preciado 2022, 86).

<sup>5</sup> "Utilise ta dysphorie comme plateforme révolutionnaire" (2022c, 562)

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and invention, "hacking" the hospital and inhabiting its spaces and environments in new, queer ways. Preciado's philosophy, then, does not jump ahead in producing radical architectural designs for future hospitals, but provides us with democratic and easily accessible practices that all bodies—patients and non-patients, queer and non-queer—can engage in through behavioural and sensorial reappropriations of healthcare environments. He thus urges us to begin from the ground up, through the "do-it-yourself" (2013, 389) actions that demolish and redesign our internalized hospital architectures with the power to "hack" and transform physical healthcare environments from the inside out.

### Filmography

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