

Leonardo Chiesi and Silvia Surrenti (eds.)

L'ospedale difficile. Lo spazio sociale della salute [The difficult hospital. The social space of health], Napoli, Liguori, 2014, pp. 182

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The difficult hospital. The social space of health is a small edited book that focuses on data from a research project led by an interdisciplinary team on hospital spaces. The research project, called SPACES, aims to reflecting on the interplay among architectural spaces, medical practices, and users' practices related to health care services. It also investigates the consequences of this entanglement on the reconfiguration of the meaning of the right to health. The book deals with the right to health on the account of its relational dimension. The right to health and health itself are considered not states, but relationships that connect the individual with him/herself and his/her physical, architectural, and social environment. Therefore, the right to health does not only result from an access to services (physical, economical, and psychological), but it also entails what is required to connect seamlessly the health care experience with the enjoyment of everyday life. This right is defined as the fulfilment of complex needs, such as care, the feeling of being looked after, and of being considered as a part of a social network that interacts with healthcare professionals.

The volume deals with the otherness of a hospital experience, where primacy is given to the patient-doctor dyadic relationship, underlining hospital users' need for co-partnership, for visibility, and, at the same time, for privacy. It shows how careful attention to the space/time dimension can offer an interpretative key to succeed in reading the different hues of the right of co-partnership, visibility and privacy.

The volume unfolds through a series of chapters with a careful examination of specific aspects of the organization of the hospital time/space, based, as it is, on empirical material taken from the SPACES research.

The volume does not draw from STS literature but leans on the phenomenological reading of the experience in the subject's relationship with the hospital and clinical practices. The first chapter by Leonardo Chiesi develops an interpretative frame to share the coordinates to read both human and social experience inside the planned space. The outcome leads to a theorization that promises an account of the dynamic relationship between the plan's defined inscriptions and the ones emerging from the practices in use. Chiesi suggests that the planned space, intended as experience, is the emerging entwining of two different series of "intentions." On one side the designer's expectations and intentions inscribed inside the planned space, on the other side the intentions of the subjects called to inhabit the spaces, manifested as they are in the social practices and in their behavior when they use the mentioned space. By Chiesi's

conceptualization, the two intentions are symmetrical and specular, but it is only the understanding of their entwined dynamics that allows us to read the human and social experience of space.

The author's references are phenomenology and the theory of the relationships with the objects as developed by James J. Gibson through the concept of affordance (Gibson 1979). Chiesi acknowledges that the concept of affordance has the capacity to shift the theorization from the social effects of the space to the relationship with the subject. If you conceive of space as a container of affordances, or of indications as the author names them, you shift your attention from the function of space to the subjects taking part in that relationship. The designed space is thus conceived in its dual meaning as the "producing product" (Thrift 1983) of socially organized practices.

Chiesi proposes different typologies of affordances in his model: proxemics, of movement, of pause, and of relationship. He means for proxemics affordances all those opportunities that take place thanks to the body plasticity. They, then, refer relationships related to spaces' penetrability when in relation with bodies. Movement and pause affordances refer instead to indications inscribed in the empty space, suggesting its crossing or pauses within it. The last class of affordances refers instead to the relationship between space and bodies intended as connected (social) subjects. We are thus dealing with space opportunities for sociability that influence the modalities of social interaction when inhabiting spaces.

The classification proposed seems promising. Unluckily, the volume does not offer a reading of affordance classes as analytical categories in order to inform empirical research to investigate the cinematic and social dwelling of hospital spaces. Chiesi's very chapter lingers on the categories of understanding, meaning, and taste, committed, as he is, in introducing a theory of the dwelling of the architectonic space. In the end, he does not dedicate enough attention to the development of the different classes of affordance and, in particular, how they could inform research on hospital spaces. Moreover, the rest of the volume, does not refer to the Chiesi's affordance classification in developing the analyses.

The chapters following Chiesi's introductory one focus on space dimension entwined with time dimension, bound to the time length of experience. Silvia Surrenti's work concentrates on the time/space dimension of the treatment experience by underlining the experience of otherness that a hospital awakens in the involved subjects. The author highlights how the site is a perceptive field meant as a space open to particular information flows, by mobilizing interpretative categories taken from communication sociology (Meyrowitz 1986). The author shows how, through this reading, the expectation of the performance is characterized by the experience of the "visibility field." The author highlights – through the empirical observation in the waiting rooms of the doctor's office – the violations the users enact when the areas preset for waiting

are not in the proximity of the performance sites. While waiting outpatient performances, patients stand in the corridors and in other passage areas in order to satisfy their own need of being made visible, a need born from wanting to see and be seen. The patients need to have control on the information flow regarding the access to the doctor's office and, at the same time, they need to be seen by the health providers. Moreover, the waiting time is never neutral, but charged with waiting concerning the treatment relationship. "If on one hand you wait for something or someone (the waiting), on the other we expect from that someone something (the expectation). An example could be given by the expectation of being considered in order to enjoy sufficient relationship time with the professionals" (Surrenti 2014, p. 67). The attention to the time-space dimension is thus able to show the mismatch between the experience of the patients' perceived time and the technical-organizational management of the hospital space. Surrenti's chapter ends with the indication of a design of "equipped waiting", so that articulated rights are satisfied in order to receive approval from the citizen.

An explicit focus on the dimension of rights as the product of the interaction between spaces and use practices is at the center of Paolo Costa's chapter. He deals with the topic of privacy and confidentiality within the hospital service. The author analyzes some cases of violation of space use prescriptions by showing how criticalities bound to confidentiality rights are often the outcome of complex relationships of the users' legitimate relationship needs and of space-material elements. The author underlines how some design choices of hospital spaces are not able to satisfy the relationship needs of accompanying users, who, through forms of violation of use prescriptions, end up invading the patients' confidentiality. A careful design choice should provide consideration for the often-conflicting interests and use prescriptions of the behavior inscribed in the space-material elements, according to the author. Although he does not refer to STS, Costa's ethnographic interest for the right to confidentiality for patients leads us to shift our attention to the missing masses (Latour 1992) in the social relationships of health care service.

Livia Buscaglioni's chapter introduces a reflection on the organizing cultures of the treatment space by highlighting a tension between the co-partnership cultures, and the one more oriented towards the separation of the spaces between stage and backstage. In this case, too, the empirical material used to tackle the issue comes from the ethnographic observation of the waiting areas to access health care. According to the author, the various cultures have distinct basic assumptions on the same conception of the treatment relationship. The centrality of the patient-doctor dyadic relationship implies the design of spaces that neatly separate the waiting areas from the performance areas. A culture of co-partnership would instead foresee the use of open spaces, where also the accompanying people can access the doctor's performance.

The chapter by Tomas Madonia is dedicated to the same topic of the opening of the doctor's relationship to relatives-visitors. It is by focusing on a process of change in an intensive therapy unit that Madonia notices how, by extending the visiting times, more opportunities to include those who support the patient in the treatment relationship can take place. The presence of the visitor-relative in the unit can, in fact, help the personnel to contrast the patient's breakdown process, within the parameters of the vital functions of the scientific-technical assemblage (Berg 1997). If by extending the visiting times the health staff is helped in bringing back the patient to his totality, on the other hand it represents an occasion to include relatives in the health care trajectory.

The volume thus introduces an articulated review of the relationships between time-space dimensions and the right to treatment in the development of the chapters. Taken as a whole, the volume is curious, empirically oriented, and it asks questions on the humanization of the treatment relationship by paying attention to the dimension of the right as the element emerging from the meeting of those we could define complex material-social practices. Anyhow, if the book succeeds in showing the importance of the interest in such dimensions by suggesting the need of a new overall design of spaces, times, and health care practices, the lack of an integrated theorization limits the value of the volume.

Several topics treated in the volume are close to STS interests and because of that, the volume is of interest for an STS readership working in the domain of healthcare or in the domain of architecture/design. Moreover, some theoretical and or analytical categories here elaborated, meet some of the categories nowadays elaborated within STS or related fields as, for example, the proxemics affordance category is analogous to the way in which interactions among bodies can be seen by Actor Network Theory (ANT) (Parolin and Mattozzi 2013) or by other approaches dealing with material relationships, as proposed in Ash (2015) or in Ingold (2007).

Despite such analogies with STS and STS related approaches, the phenomenological roots of the reflection provided by the volume, lead to focus on the human body, by limiting the attention to the perception of the experience of the space by human actors, without considering in detail how non-humans bodies take part in these relationships.

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Manuel De Landa

Assemblage Theory, Edinburgh, Edinburgh University Press, 2016, pp. 198

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Assemblage Theory is the most recent effort of Manuel DeLanda. It accounts his own reframing of Gilles Deleuze and Felix Guattari’s work. The book was published in 2016 as part of a series put out by Edinburgh University Press, which has hosted the debate on the “Speculative Realism”, since the seminal conference held in 2007 at Goldsmiths College in London on the topic.

DeLanda was fully committed with this intellectual challenge against the post-modern linguistic turn in humanities and for banishing heuristic textualism (Bryant, Srnicek and Harman 2011). An intense intellectual dialogue with the authors of *Thousand Plateaus* has opened up significant insights into sociological thought and for STS scholars, since the publication of DeLanda’s *A Thousand Years of Nonlinear History* (1997).

“*Agencement*” is a concept at the core of the argument explored in the current book. “*Assemblage*”, as admitted by the author himself, is a slippery linguistic solution, which was used to substitute the illustrious French word with an Anglophone one. Indeed, “*assemblage*” is intended as both the process and the outcome of a connection, that is to say a *multiplicity* of *heterogeneous* entities interrelated by *symbiotic* liaisons. *Assemblage* is the pattern of a flat ontological plane consistent with a non-reductionist account of reality and overcoming the conceptualization of