Rethinking urban movement through the frame of radical psychiatry

Sensory body: from self to community

Research paper

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I miss apathy,
I miss numbness.

I make myself this bubble to not see,
to just be,
to filter and tune down my emotions.

I feel like it is in my outer, my skin
is this bubble containing the body
that exceeds its desired proportions,
the inner.

What if I let them connect?

What if I let myself be, and expand
to that what I am filtering?

What am I afraid of?

Several days a week I take an aimless walk, allowing my intuition to guide me and familiarise me with my surroundings. Sometimes it takes hours, sometimes not even five minutes. However, the proximity of the home, its warmth, and safety always secretly direct me. In warmth. Light dispersed from several windows, all that is there are walls, nature slowly creeping in, but it is not allowed to, it is finding its own way. The liquid, warm liquid unnaturally flows through the throat, it lost its purpose, it is there as a notion of comfort.

organic, or organ.

inorganic, lifeless, inert, inanimate, broadly, compounds not containing carbon

past
present
future

Easterling, K. (2016) Extrastatecraft: The Power of Infrastructure Space. Reprint. Verso.

Cambridge Dictionary (2022) 'body definition: Available at: //dictionary.cambridge.org/ dictionary/english/body.

The body is defined as a physical structure consisting of smaller elements that work together in order to support the larger system.[1] ✷ Everybody has a body, even the objects or matter we define as inorganic hold the ability to unify individual dispositions in order to enable co-existence in space.

The position of my body in the space, its proximity to the objects around, and the type of objects give insight into cultural belonging. The way we interact with space is therefore never entirely intuitive as to treat the space has been engraved in us through numerous social norms.

Race, Gender, Disability, Social status. Current society consists of places where bodies are able to become unwelcome, objectified, or an issue for co-existing bodies. Spaces around us reflect the complexity of societal structures. Where owning a body becomes a right to defend and justify, the humane and vulnerable are put aside.

Our spaces have become radically shifted towards utopian dreams of false security where we are unreachable. Observation of the infrastructure and relationships we as humans form with places and objects gives the potential for understanding individual and collective behaviors to our own bodies and bodies of the other (in)organic matter. Infrastructure sets the invisible rules that govern the spaces of our everyday lives.[2] ✷

A table and a set of chairs. The table is high enough for an average person 1,70 cm high to, when a hand is extended to a third of its length, reach a perfectly, half-filled glass of filtered water. The table is wide enough so that it provides comfort at dining, but when each of its sides becomes occupied, 4 people dining together, it becomes rather small, it asks for an extension. Suddenly, its usual purpose is questioned, it is no more a place to place a single glass, a dish, or a book, it is a place of social coexistence, exchange. Four legs with a wooden plank become a place where stories and memories exchange, wine spills, decisions are made.

Bodies are removed from their simple definition of embodied interconnectedness as their disposition is observed through a frame of power and resistance that is able to change the societal landscape. The table is multiplied and introduced to a variety of spaces with the initial stiffness of its purpose. Existence is beyond the limits of the body, it is roles, rules, tasks, borders, boxes, worth, value, purity.

The complexity of existence is incapable of imagining, but what we are capable of is recognising and finding harmony between the asymmetric, binary existence of the body as nature and part of society. Treating and addressing the body imposes disobeying matrix of outer body limitations and understanding the body as a complex structure that memorizes, exists, projects, and senses beyond time and space, as an ongoing variable that exceeds but is made to suppress itself due to shaken grounds our cohabitation has prescribed to individual systems.

Sensory room is an individual photograph of a bodily experience in time and space that is constantly in change as it encounters the other body. Can it become a tool for merging care with nature and society, a tool for extending the institutional bodies? Through chapters whose sequence and purpose are derived from a manual of the use of sensory rooms, you are welcome to introduce yourself to an alternate version of the sensory environment that is placed between urban and institutional, between history, present, and future.

We will never own our bodies.

ATTENDING STAGE   *Captures patients' attention by presenting unique sensory items.*
The concept of institution, history, and political aspects of a disabled body.

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1 *9*   🐿 ATTENDING STAGE
Captures patient's attention
by presenting unique sensory items.
The concept of institution, history,
and political aspects of a disabled body

How are we able to construct social narratives around care and ability?

The society we live in is constituted by certain hierarchies and power relations that keep structures in place. As a tree, it is constructed of roots, branches, leaves, tree trunk. Law and order, urban planning, educational and health systems create binaries that ensure constant production and reproduction of established power relations, excluding the emergence or establishment of otherness.   *Institutions in capitalist world*

Institutions subtend a mode of production that relates to the specific structure of society, they reproduce society.

Power is not an institution, and not a structure; neither is it a certain strength we are endowed with; it is the name that one attributes to a complex strategical situation in a particular society.[3] ✦

Power is not singularly concentrated or centralized, but exists in the shape of societal norms which impose methods of self-regulation and self-monitoring. This re-observation of power creates a dispute in which individuals become those who contribute to ensuring the overall functionality of the societal body, rather than collective well-being.

We are taught moral and correct behavior in the primary and secondary schooling systems. Adult institutions such as colleges, universities, hospitals, factories, and even the concept of the workplace are the institutions that positively promote the undisturbed and successful functioning of society. Individuals who are compatible reside usually without much doubt as long their personal function in the functionality matrix is not questioned. Power tells us who to be.

Institutions serve as a mold for the reproduction of functionality.

The capitalist world is a profit-oriented, privatized, and accumulation-based system where market value produces competitive behavior among the highest stakeholders. Reducing production costs to a minimum in order to expand influence on the covering surface without risking their own stability, compromises well being of workers, the environment, and society.   *reproduce capitalist societies*

Capitalism is a power play of hierarchies and easy-maintainable tactics of ensuring an unstoppable production level. It is a market based on invoking an emotional connection to materiality, a market based on desire, fear, and possession. Producing requires consuming, a constant action reminding us of the fragility of our own position and replaceability, as products become more powerful than those who create them. These hierarchies show exactly that what is the most powerful is also not so innocent.

Natural selection of people has shifted to a system of selection which is based on tests and formal qualifications. Standardization of human behavior goes hand in hand with the development of a highly organized and monitored society. Through the development of healthcare, human life and abilities have become incredibly resistant. Individual bodies are no more collections of hard-working cells, they are tools in production and figures of collective responsibility.

As a tree in a forest, rarely you are witnessed as an individual. It is a forest, a plurality of beings who are similar. When fall approaches and leaves cover the ground, when

and capitalist subjectives. [4] ✦

3
Foucault, M. (1990) *The History of Sexuality, Vol. 1:
An Introduction.* Reissue. Vintage. 2 Easterling, K.
(2016)

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The Pedagogy of Negating the Institution (no date).
Available at: https://www.metamute.org/editorial/
articles/pedagogy-negating-institution.

ATTENDING STAGE

Captures patients' attention by presenting unique sensory items.
The concept of institution, history, and political aspects of a disabled body.

branches fall due to too much weight they carry, when a tree trunk leans on one side more than the other, it is homeostasis, nature taking its way. The imperfect tree blends with the perfect ones, but if it affects the others, it becomes a problem, a threat to be removed. However, there is no imperfect trees, they become too old, too massive, too heavy, grow in the wrong place only in the context of science or urban planning, a human-made system present as a part of human homeostasis.

The increasing complexity of technical, social, and educational systems excludes more and more people, and to be excluded means to be temporarily or permanently disabled.[5] ● Disability has always been a way of marginalisation, however with the diffusion of tolerably standardised behaviour, disability has exited the individual narrative and paved its way into a matter of social consideration. It is crucial to understand how historical and social climate affected individual bodies and our concept of disability. Disability's definition cannot be simply reduced to incapacity.

Hierarchies established in form of caste, class, and economic structure, which preceded the great revolutions of the 19th century, deeply relied on a person's social standing and heritage rather than a person's skill, knowledge, or ability. An emperor with severe mental disturbances ruled a country, he replaced the father in this role he was not capable of fulfilling. Furthermore, 20th-century expansionism and monarchic drive for absolute power introduced the need for virtue and physical ability. Take First World War for a reference, the desire to rule demanded capable man force that could endure cold and cruel environments of battlefields. The ideology of freedom, liberty and equality that followed in the post-war world, gradually institutionalised the condition of "*disability*" and pushed it into the medical and political domain.[6] ✷ Ideologies are freedom while they are in development, oppression once they are formed.[7] ✷ *Social disability is possible. It is inconsistent and disrupts* It is outsourced when a function fails to meet a situation. *the natural flow of time.*

dis E ability
in I ability
un I ability

Defining people who impede the successful functioning of society has enabled the emergence of places such as prisons and mental hospitals which led to the systematic marginalisation of disability. Disability may be understood as impediments resulting in physical impairment, as mental difficulties leading to psychological impairment, and as cultural, economic, and social conditions such as unemployment, old age, imprisonment, inadequate education, and cultural deprivation leading to social impairment.[8] ✷ With illness and disability entering the domain of social consideration, medicine shifted itself from observing the body as biological unity of organs and started considering the habitual influences on an individual's state. To particularise, the introduction of impersonal management by institutions and government has established the discipline of psychiatry in order to assess mental health in the frame of social functioning.

The characteristics of psychiatric institution change in relation to the societal and economical landscape. The population of mental patients increases and decreases in relation to the labor market.[9] ✷ Therefore, psychiatric institutions serve as a form of reproduction and readjustment of capitalist production with the aim to ensure the homeostatic state of the capital body.

Psychiatric institutionalisation becomes a mirror of society that urges to exclude the dysfunctional, unproductive bodies in order to protect and stabilise its own mode of production and order. It acts as biology, when a virus enters our body it can only live if they find a host. The body develops natural and scientific barriers which ensure protection and fight the unwanted microorganism, it memorises and systematises its structures in

order to develop immunity. The hospital, the asylum, treats people as if they are an illness, it reduces them to the same status and demonises their position, excluding them from the social current.

An asylum serves as a place for the removal of certain forms of life, allowing them to exist away from normativity. Asylums function in connection to society and its principles through systematisation, organisation, hierarchies. However, asylums allow for a way of being that is deviating from that norm, it dares to imagine a world of those who are inside. Asylums are heterotopias. *Asylum = Heterotopia*

The mirror functions as a heterotopia in this respect: it makes this place that I occupy at the moment when I look at myself in the glass at once absolutely real, connected with all the space that surrounds it, and absolutely unreal, since in order to be perceived it has to pass through this virtual point which is over there.[10] ✷

Heterotopia is a concept of space that is somehow other, parallel to reality. It is a space disrupting the regularity of time and space as it deviates through the complexity and depth of connections present in those who occupy it. Heterotopia is a gap between utopia and dystopia, a place where another way of existing is possible, a world in a world mirroring and deviating. Asylums mediate between the freedom of madness and locks of normativity. It is a garden bringing flowers from different worlds into juxtaposition.

To answer how to care for disability in a matter that is not marginalising requires reconsidering the words we use to describe such conditions. Positioning dis in front of ability is polarising as it proposes complete negation of the spectrum of abilities a person possesses, therefore negating the functionality person performs and focusing on one that is out of normative. To care for the less-able is to understand their canopy of abilities and its potentiality as a method of dealing with one broken branch. A narrative around less ability is allowing us to see full individuals rather than bodies of production.

8
Jurgen Ruesch and Carroll M.Brodsky.
The Concept of Social Disability. Archives of general
psychiatry, vol.19, October 1968. Volume 33(4): 809-
83 (excerpts)

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Basaglia, F. (2005) *L'utopia della realta* (Italian Edition).
Einaudi. p.241

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Jurgen Ruesch and Carroll M.Brodsky,
The Concept of Social Disability.
Archives of general psychiatry, vol.19, October 1968.
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org/10.2307/464648.

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Jurgen Ruesch and Carroll M.Brodsky,
The Concept of Social Disability. Archives of general
psychiatry, vol.19, 1968. Volume 33(4): 809-830
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Garcia, D. (2011) *Mad Marginal Cahier #2: The
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12   Entering A Sensory Room

"I conceive freedom primarily in terms of play, or maybe better to say I conceive play is the highest expression of freedom, since it's self directed activity that isn't aimed towards anything outside it, but is a value to itself." [11] ✷

Birth is a marker of our existence as a sentient body from which the body is experienced through primordial feelings that express some variations of pleasure, pain and relaxation, tension.[12] ✷

When I was a child I was baking a cake out of soil mixed with the right amount of water, decorating it with flowers from the garden, and serving it to my grandparents as dinner. Dirty hands, faces, muddy pots, tables, feet. Smelling every flower I could see to find the one that I taught would also taste as good as it smelled. A makeshift kitchen and dining table which today I replaced with the real ones where I learned how to serve edible food after a few years of observing my grandmother and mother.

Times have changed. Play has emerged in many forms and shapes. Play can be simple, it can require many components, objects, and rules. Through play we are able to learn about and get in touch with the world surrounding us, with others surrounding us. Play, toys, tools, body, mind.

I entered two sensory rooms designed to stimulate sensory integration in children with developmental risks, developmental difficulties, or only sensory integration difficulties (it can be in children with regular development). Plastic, wood, soft surfaces, balls of different shapes, hanging chair, climbing wall, pool filled with plastic balls, primary colours, and bite marks on foam rollers. Like IKEA but in a hospital setting.

The two rooms look almost exactly the same. I wonder how these spaces are sterile in their own way, how these spaces, which every child experiences differently, can be perceived as a safe and stimulating environment for someone who cannot connect and communicate with the world in a normative way. I wonder if they feel alienated when they come out of this safe, soft cocoon that to me is just cold in a different way. The experience of many years of work proves otherwise.

I got in touch with Dina Dežmar, a master's degree in educational rehabilitation and psychotherapist, to discuss her approach to working with children with developmental disabilities through encouraging development, in this case through encouraging all areas of development through educational-rehabilitation methods and procedures. As part of the early intervention team in the Special Hospital for Orthopedics and Rehabilitation *"Martin Horvat"* Rovinj, conditions, not diseases, of children are closely observed and treated as most developmental difficulties are permanent conditions for which there is no cure, but the child's functional abilities can be improved e.g. Cerebral palsy, various syndromes, autism spectrum disorder.

Entering the sensory room in the hospital was different for me this time due to the conversation I had with dr. Dežmar. *"Why create fake flowers or trees when I can take a child outside to experience the real world."* Grounded and secure, we exited the sensory room and took a walk outside, in the hospital's yard, a forest next to the seaside, where various tools welcomed play and rehabilitation of the body. Trying different devices in the yard was welcoming for both of us, but also for people with disabilities. I understood how the potentiality of space is taken forward, not reduced simply to the hospital's building. From birth onwards, we begin to develop the sensory system, sensorimotor system,

condition ≠ disease

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Riva, G., The neuroscience of body memory: From the self through the space to the others, Cortex,Volume 104, 2018,Pages 241-260, https://sciencedirect.com/science/article/pii/ S0010945217302381

11
Graeber, D. (2020) *Anarchy In a Manner of Speaking:* Conversations with Mehdi Belhaj Kacem, Nika Dubrovsky, and Assia Turquier-Zauberman (Anarchies). Diaphanes. p.82

enabling the further adoption of cognitive behaviours that shape the way we communicate and perceive what is around us and within us. Play is not just a frivolous activity to be taken for granted.

Play creates a relaxing environment that helps the development of physical, but also cognitive and social skills that serve especially well because it can integrate methods that children understand and help their integration into the world. Cognitive development in children encourages the creation and acquisition of a sense of self, possession of body and mind, teaches us about sizes, shapes and colours, and enables us to observe the diversity of relationships between us and others.

A child who was exposed to certain risk factors during pregnancy, during or after birth can be considered a child with neurological damage. The extent to which the brain will be damaged and in which place depends largely on the gestational age, the age between conception and birth, at which the injury occurred, i.e. on the level of development of the brain itself, i.e. its blood vessels. Neurodevelopment of the child depends on the interaction between the child and the environment and on the compensatory mechanisms by which the brain will try to minimise the damage.

Children with developmental disabilities face segregation from the earliest stages of their lives as their cognitive and physical abilities determine the type of attention and care they receive from their caregivers.These are children with sensory integration dysfunctions and difficulties, motor planning disorders, children with fine and rough motor difficulties, and poor behavioural organisation and perception disorders. The care for these children should not be reductive for them through creating a role of a dysfunctional member of society that cannot meet certain forms and has to receive extreme care that will diversify him/her/them from *"regular"* children. Observing and learning how they view the world can nourish new discourses on sustainability and individual approach in healthcare at large.

A treatment where inclusion and non judgment but respect for individual perception is noted and corrected through honoring individual capabilities and ways they influence the whole of the impaired body, rather than fulfilling normative standards that predefine desired ableism.

Sensory rooms are seeing an increase in the treatment of children with neurological impairments in combination with regular types of therapy. Today, sensory rooms for children are integrated into hospitals, rehabilitation centers, and kindergartens. Working with children in a sensory room requires an understanding of the needs and abilities of its users in order to navigate the space and its tools in a way that can encourage learning and adaptation to a changing environment in a safe and supervised manner. Without special training, sensory integration work can be risky and counterproductive.

Children really like the sensory integration rooms because they are fun, even though they are uniformed, and they enable them to deal more easily with the challenges of their sensory difficulties in the outside world. A child who overcame his fear of slides and swings in the sensory room started using all the devices in the children's park, the child who did not want to hold absolutely anything in his hands, and after staying and stimulating sensory integration in the room, he started holding a bottle and drinking independently, using a spoon to eat, a many of them the sensory room encouraged movement, they walked in it, took their first steps...

The approach towards treating a child with disabilities requires much more than observation and scaling based on the presence of symptoms. It requires observation of the child's abilities and needs together with other members of the team, because unrecognised sources and their non-linear behaviour can appear and be treated as neurological damage, but they have no basis for this. For example, a child suspected of having an autism spectrum disorder, after an interdisciplinary team approach and comprehensive diagnostics, was found to have epilepsy. After the application of appropriate drug therapy (antiepileptics), symptoms that are primarily associated with autism spectrum disorder, lack of eye contact, difficulties in social interaction and communication, slowed language and speech development, have decreased.

Joint work and exchange of knowledge between staff strengthens treatment and enables observation of the child as a whole, looks at health as a whole, and bridges the connection between the brain, the body, and the abilities that result from their connection and control. Treatment of the neuro-risk impaired requires observing the current condition from the ground up, understanding what is already present in the way of communication, approaching each child as a complex structure that feels, acts, reacts, repeats, creates and uses symbols, perceives, imagines, and imitates.

Entering a sensory room can become an overwhelming experience where the simplicity of its design becomes overwhelming because too many possibilities and information cannot be processed. On the other hand, these rooms offer a safe place where interaction with objects created specifically for this purpose provokes learning through play and a sense of a safe, relaxing environment. The feeling of security plays a big role because it allows an opening to the unknown and inexperienced, but also the processing and advancement of what has already been adopted.

Associating actions that are unpleasant in a safe environment can enhance learning and create new, positive connotations with actions and spaces. Learning to write at a desk can cause great discomfort because it requires a certain sequence of actions and the child may face difficulties when the human hand and its delicate actions are not developed. By combining this task with the soothing environment of the sensory room, in the hanging chair, the focus can be fully focused on the necessary hand actions.

Undesirable behaviours can be a product of the inability to express emotions and needs. Such behaviour can be a sign of the need to say something important. In this case, the cause of the problem should be found and the child should be taught skills that will replace the problematic behaviour with socially acceptable communication or skills.

Understanding individual needs is crucial because each child is an individual in his own right, not a set of symptoms that correspond to a particular diagnosis, and therefore requires an understanding of individual needs. Sensory rooms provide an environment where the therapist can observe how the child reacts to a particular stimulus. Therefore, the use of these rooms as part of the treatment can enable the creation of a world in which we can observe and offer solutions through forms of play.

However, it is important to question the way these rooms were created and the direction we are going when it comes to the equipment needed to provide new forms of therapy. People with neuro-risk impairments are very sensitive to stimuli and therefore continuing to dedicate a certain space, covering it with soft floors, fixing textured walls, and large objects like slides, can not only make it difficult to integrate and finance the space but can also contradict its initial purpose.

The design of individual elements starts from the observation of their functionality and the way an adult would approach them, leaving aside the diversity of children's ways of use and potential forms of misuse. Furthermore, the comfort and pleasure derived from using certain objects, such as a touchpad or a climbing wall, are limited by age of a child, but they are accompanied by a misunderstanding of the child's physiognomy, the creation of a tile that is too small, a stone on the wall that is too hard and uncomfortable, the edges of the floor and height differences are almost invisible.

It is important to note that this room was made for preschool children using materials adapted to younger children. Considering their weight and height, it is impossible to estimate how uncomfortable and hard the rock on the climbing wall is for children; there are children who like to climb a lot and those who avoid it. The assumption is that children are less uncomfortable because they have less weight and smaller feet, but it is inappropriate for adults or school-age children because it is simply not intended for them. This approach can therefore open questions about how to create spaces in institutions that can be applied to the whole institutional body, how to implement small sensory elements in zero spaces such as waiting rooms and corridors, and how to bring play back into everyday life to encourage learning.

The expansion of possibilities that sensory rooms contain is equal to the expansion of possibilities that its tools can offer, their changeability, and flexibility to spaces and users. It requires imagining new ways of interacting with space and respecting inner desires.

The implementation of sensory rooms is an upward trend in the current rehabilitation discourse, but it requires cooperation and critical questioning of the possibilities. Observing the body as a whole and the room as a body in itself, a body that grows, changes, and develops with its users can help create stimulating methods that welcome individuality. Observing behaviour in sensory rooms can bring us closer to painting the world through someone else's eyes.

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2 17   ✺ MOVING AND BREATHING STAGE
Movement routines and breathing exercises to
promote relaxation and prepare for upcoming stages.
A new way of positioning, outline benefits,
Basaglia, sensory rooms, CERFI

Are we able to re-humanize the institutionalised non-humans?

Social movements are a vital source of critique and innovation in modern societies.[13] ✦
It is important to understand how de-institutionalisation and anti-institutionalisation movements differ. To reform or to abolish, to negate the existence of a repression system in the sphere of an institution as a way of re-imagining its core ground is dangerous. It supposes the establishment of a transformative model of control, it seeks to destroy the institution, to erase the problem, the stigma, the madness.

Psychiatric hospitals act as closed societies. The institution reduces members of society to the same status and profiles psychiatry as an apparatus of social control. To radicalise psychiatry is by no means negating or abolishing its purpose. It is understanding how psychiatry and mental health institutions are linked to the outside world, to see the medical discipline and its provision of care as part of the social environment. Considering the question of psychiatry as a social issue rather than a technical, scientific discipline allows for the emergence of care and destigmatisation of ill people, introducing more democratic communities. It is a transition from understanding the difference between means to cure or to care. " … *care is any action meant to maintain or increase another person's freedom.*"[14] ✦

Environmental psychology, as a subfield of psychology, observes and examines people's interaction and engagement in their surroundings. Its conclusions can broadly be observed in everyday spaces, from the distribution of specific colours in a room, heights of objects and segregation strategies in a room. Space, architecture is not innocent. When observed in the frame of asylum, it can reveal subtexts of psychiatric epistemologies. Movement allows for encounter, change, and exchange.

Space is a conditioner of experiences. Institutional psychotherapy[15] ✦ practitioners sought treatment that allowed patients to stay within their social and political contexts while using interactions of patients with the whole organic and inorganic body of the facilities. Spaces gained recognition as active therapeutic factors and the whole of the asylum body was allowed to be observed as the object of therapy. The asylum body was treated and healed with its patients.

To treat the ill without treating the hospital is madness.[16] ✦

Clinics as Saint Alban, La Borde, ASM 13, historical examples of radical movements in healthcare, serve as primary examples of a hospital as a non-rigid, circulating structure, which allowed for the creation of spaces whose atmosphere and function acted un-conditionally towards its users, allowing for personal change and involvement in the space. This allowed patients to rebuild damaged social, and relational bonds, empowering the development of personal courses of healing in collaboration with their doctors. Moving from a more isolated state to a more socially-engaged space helps prepare patients to reintegrate into their communities.

Think of it as a beehive. Traditional beehives simply provide an enclosure for the bee colony and, as no internal structures were provided for the bees, the bees created their own system of support, a honeycomb. Hexagonal cells made of beeswax create walls of the honeycomb providing a colony of bees with a home and food, a safe place. Bees

by Marxism and Lacanian psychoanalysis starting in the 1950s. Institutional psychotherapy proposed a radical restructuring of the insane asylum and the mental health clinic where patients actively participated in running the facility.

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Institutional psychotherapy (also known as institutional analysis) is a French psychiatric reform movement and approach to group psychotherapy influenced

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Graeber, D. (2020) *Anarchy In a Manner of Speaking: Conversations with Mehdi Belhaj Kacem, Nika Dubrovsky, and Assia Turquier-Zauberman (Anarchies)*. Diaphanes, p. 82

13
Nick Crossley, *Working utopias and social movements: An investigation using case studies materials from radical mental health movements in Britain* (Volume 33 (4): 809-830 (excerpts))

collectively harvest pollens from different plants and work together to distribute the nectar in the most efficient way, it is by constant readjusting, communicating, and connecting to the outside that a honeycomb is able to sustain itself.

Curing the asylum, curing the relationship between the asylum and its surroundings and curing the social perception of illness and madness. Biopolitics.

Biopolitics. Power is exercised in every aspect of human life. Human life and power intersect. Human has exited their biological belonging to a species and entered a domain where biological life itself, the birth, age, illness, death is observed through the eyes of the power and its methods.

The development of science and medicine has consequently enabled the basic biological features of the human species to become the object of a political strategy whose purpose is the production and maintenance of a healthy workforce. Power has taken life under its care and produced laws and norms, creating a disciplinary society that ensures control over populations rather than individuals.

Biopolitics isn't directed towards individuals, it collectivises, and creates a mass of bodies that regulate each other. Biopolitics creates a social apparatus ensuring the economical distribution of power through establishing hierarchies, systems of surveillance, and implementing self- monitoring through engaging in normative behaviours. Biopolitics uses human collective nature and bonds between individual beings as a tool for ensuring subjugation and dependence as you relate to the other, and the other relates to another. As a newborn, life is already tracked as a statistic of population, of mass apparatus. How are we able to bend and exit from what we unwillingly entered?[17] ✷

Nicole Sonolet is a French architect with immense importance when it comes to speaking about designing mental health typologies and community archetypes which deeply questioned the biopolitical theory of infrastructure. Sonolet, closely working with the psychiatrist Phillipe Paumelle,[18] ✷ undertook the task of offering an alternative to isolation and neglect present in French asylums in the 1960/70s. A complex with community-based treatment and consistency of care as core values became a space that could be activated and altered through a variable spectrum of its users and their needs.

Design that was embracing evolvement over confinement, unfixing the structures and states, unfixing emotions and connotations patients had created through inhabiting sterile spaces allowed for treatment where change and emotional, as well as cognitive unfolding is sympathetic.

The patient was allowed to write their own path through the building and move through the hospital in places containing qualities that allow for hosting of personal desires and preferences. Different materials, configurations of light, visual privacy, noise levels, and activities would all contribute to patients' emerging understanding of how they could use space in the course of their own treatment.[19] ✷ Care was allowed to become subjective, individual, collective, un-hierarchical.

Designing the spaces required collaboration, tying the designs of care to specific situations, localisations, staff members, patients, and the surrounding community. The care was reciprocal. Staff, doctors, and nurses were providing information on what kind of spatial stimulation could contribute to the treatment of patients, while their own needs weren't put aside. Offering visual responses outside of the clinic environment, such as natural elements or communal spaces, relieved the overpowering interiors of the clinic environment, creating a merging space between the world and the institution.

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Adams, R. (2017) *Michel Foucault: Biopolitics and Biopower*, Available at: https://criticallegalthinking.com/2017/05/10/michel-foucault-biopolitics-biopower/.
Foucault, M. (2020) *Society Must Be Defended: Lectures at the Collège de France, 1975-76* (Penguin Modern Classics). Penguin Classics.

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Calò (2016) 'The Grid', 11 November. Available at: https://www.academia.edu/29793564/TheGrid.

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CERFI: Militant Analysis, Collective Equipment and Institutional Programming, (no date). Available at: www.rca.ac.ukresearch-innovationprojectscerfi-militant-analysis-collective-equipment-and-institutional-programming/.

19
Care Beyond Biopolitics–Architecture– E-Flux (no date) Available at: https://www.e-flux.com architecture/sick-architecture/469553/care-beyond-biopolitics/.

18
1960s and early 1970s, Sonolet and Paumelle, first major mental hospital was l'Eau Vive, after collaborated to build the Center for Mental Health 13 in Paris, Association de Santé Mentale 13 (or ASM 13) in Paris, outpatient care unit as an extension of l'Eau Vive

21
Ferrand, Guy and Roubier, Jean-Paul, "L'hôpital psychiatrique dans la cité : programme d'un hôpital psychiatrique urbain de moins de cent lits," Recherches. 06 Programmation, architecture etpsychiatrie (1967): p.84.

The openness of the building, its urbanity in the context of the local area, eased the normalisation of care for the illness, madness. However, It is important to note that solely by creating spaces and architectural archetypes based on care and sensitivity, we are not able to shift internalised behaviours. The perception of illness and disability has to change from the basis of societal perception. Architecture and common urban spaces become forms of care and progression once the narrative around them is extended to the infrastructures and roles they can direct themselves towards.

As a bee is assigned to its purpose of a worker, a drone, or a queen, it is by providing and working collectively towards the maintenance of a sustainable system in which every role serves a purpose. A honeycomb is never at rest as it is a part of an environment that is constantly changing. Therefore, environmental change affects the work, the stability of the walls, the quality of food, and the number of little bees.

The location of asylums outside the city, for instance, evidences a principle of segregation that is both therapeutic and architectural. The Institutional analysis movement that took place in France in the 1970s, emerged as significant realisations through the work of urbanists, psychotherapists, educators, and sociologists and the research moderated by members of CERFI.[20] ✷ Centre d'Études de Recherche et de Formation Institutionnelle (CERFI), a transdisciplinary research cooperative was concerned with the programming of local collectivities, organisations of cultural activity, and social institutions, referred to as 'collective equipment.

Understanding desire as the basis of social norms, CERFI suggested challenging and converting institutional processes based on supply and demand into mechanisms of emancipation for each leaf on the institutional branch.

"In a psychiatric hospital, and mainly in an urban psychiatric hospital, the definition of the hospital structure should fit into the idea of the participation of the realm of the hospital in the social equipment of the city. From the moment an urban institution is established, a real osmosis between its own equipment and those of the city should be implemented. The first therapeutic result is the permanent possibility of each hospitalised patient resuming contact with the real, outside of the artificial and unreal collectivity of the hospital."[21] ✷

Understanding of health care that was inseparable from thinking about the urban and the city, in medical, architectural, and broader social and political terms, grounded a shift from isolated hospitals to distributed activities of care, integrated within the city. The asylum becomes a facility heterogeneous in spaces, allowing for freedom of circulation, making it possible to extend the therapeutic space to the entirety of the institution, as all its spaces were considered to be meaningful locations for epistemological analysis.

The flux of spaces imposed unexpected, randomness, where patients freely circulated and encountered both the unreal collectivity of the hospital as well as the real, outside world. The autonomy and regaining a sense of responsibility through individual interaction with space and community allowed for the re-appropriation of patients' meaning of their own existence.

By introducing a network of smaller-scale units distributed in different parts of the collective body, the hospital could no longer be dealt with as a passive instrument or as a stable geographical site. The extension of the institutional power of hospital in the urban territory would allow for the inclusion of psychiatric care as a collective tool.

Bringing treatment closer to the realities of patients creates a networkin which continuity of care is possible. Care is not reduced to matters of hospitalisation, but empowered

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through exchange between individual social context and proximity of extra hospital psychiatric services such as day hospitals, ambulances, community and home consultations. Reciprocity between illness and social belonging is met as proximity and the possibility of care in the city itself allows for the patient to become part of both worlds.

The asylum exchanges and breaths with the city, they backbone each other. Application of new infrastructural methods based on care rather than cure is an extensive process as it proposes a divergence from creating a generalised infrastructure of institutions. Guided by a commonality of a set of principles, the design of spaces cares for users and providers, it is not only there as a support, but as a growing organ that is specific to a situation, need, and community.

Careful design cares trough allowing the emergence of voices from the inside while providing solutions on how to connect them to the outside. The difficulty arises when the idea of outlined careful design encounters neoliberal, biopolitical machines. A honeycomb in a beehive is crushed when the harvest approaches. Harvest becomes a task of respecting the internal structure and work of the bees that are simply sustaining their shelter and source of nurture. Quality of care towards the bees affects us as collectors of their hard work, why do we then disrupt it?

Franco Basaglia, an Italian psychiatrist and neurologist defined an institution as *"that which resists change"*, which makes it clear that radical abolishment and approach to the formation of a democratic, anti-capitalist model excludes institutionalisation at the base. Navigating a discussion around the abolishment of mental hospitals requires considering concrete alternatives which could replace the hospital and its services.

In a micro-area, several doctors serve potential clients of specific urban sites, hospitalisation is reduced to a minimum, patients are cured at home, in their own area. It is an active, efficient, and effective strategy of decentralisation, deinstitutionalisation. A gradual shift towards de-localizing management of mental health from the asylum into the city. To acknowledge the difference between illness and ill people proposes giving up roles pre-determining patients as undignified, non- existing parts of society. It proposes awakening of the individual self, of a person who is able to touch, smell, see, a person in contact with the world around them, it proposes the possibility of change. To position the fragility of people with mental illness inside the social life re-humanizes them, it democratizes them.

This dynamic mechanism of mental health proposed uncertainty but, with national mistrust in institutions and a strong sense of collective belonging, it penetrated the Italian healthcare system. Law 180[22]✷, or Basaglia's law re-positioned psychiatry from the peripheral area of medicine by abolishing existing service models.
Ceasing seclusion that mental hospitals were facing, redefined the position of the mentally ill as equal, civil participants of society. It is a possibility that allowed us to see, sense, breathe, to see the other as a matrix of co-relations, not a danger.

The approach in the Italian city of Trieste is still based on Basaglia's four principles: patients are citizens deserving dignity and respect; there is great therapeutic value in including them in the city's daily activities; work with the community creates an inclusive social fabric that welcomes patients, and patients function best when we preserve their freedom and play to their strengths. The Trieste model of mental health care is recognised by WHO as a world standard for community psychiatry. It has inspired programs in dozens of countries and is a beacon of hope for clinicians, patients, and families everywhere. [23]✷

However, healthcare is not apolitical and maintenance of Basaglia's model is becoming difficult to sustain as right-wing and capitalist tendencies position profit over people's needs.

[22]
Basaglia Law or Law 180 is the Italian Mental Health Act of 1978 led by Franco Basaglia. The law initiated a large reform of the psychiatric system in Italy by closing down all psychiatric hospitals and gradually replacing them with a range of community- based services. It lasted till 23 December 1978, and afterwards its articles, slightly changed, have made their way into a broader law that introduced the National Health System. ; Junaid O. (1994). "*Italian mental health law (Correspondence)*"

[23]
Frances, A. (2012) '*Sane Trieste's mental health system*', The Lancet Psychiatry, 1 September. Available at: https://www.thelancet.com/journals/lanpsy/article/ PIIS2215-0366(21)00252-2/fulltext.

Affecting the institution, the city, the country, re-humanisation of illness is possible. What Sonolet's, CERFI's and Basaglia's work prove is that simplicity and appropriation of human life are the basis for establishing a productive model of care. Institution as a breathing, unfixed and contextualised space allows for its opening towards the outside, and it shows that when both patients and staff are treated with respect, the productivity of institutional models is largely increased. Furthermore, de-stigmatisation of the mentally ill is a process of their individualisation as well as a step in un-politicising the asylum, breaking the chain of institutional production and reproduction. Just like an organism, a small mutation in a cell can change the homeostasis of an organism for better or worse. Like a beehive, a dying honeycomb is a sign of an exhausted bee.

Far in another town, we never go there actually, but it was a special occasion. A house seems like the rest of them, a ring I didn't hear it ring inside, we waited.
A woman opened. She saw us through the window. We say we are here as we have explained over the phone. A narrow corridor, some pictures on the wall, a mirror I think, I walk into the living room very quickly, and she passes and leads us through the small, people-heavy, silence-dreading room. I guess it was six people or so, I didn't count as I passed too quickly. They were sitting on the couch next to one another and all looked a bit at us but then just looked away disinterested.
Strange, she younger, guards.

We enter. Small room, like 9m2. A bed, a small desk a closet I think. She lays there awake, looking through the door into the other room where other patients were sitting silently on the couch. She knows all that is going on, but her silver hair never leaves the pillow. Her emotion I don't remember, she says hi, says she's fine. She will go for a walk to the sea later if she feels better. The house is far from the sea, or further from the house in our hometown. She has no strength to walk, no desire. However, her mind still goes on daily walks to hear the waves splashing.

She asks how we are, when did I come. She asks which grade I am in. How much do I have till I finish. She asks about them. She doesn't see the one she knew the most, her son. He is standing next to me, unable to talk, I think he didn't want to know. I promise to see her soon. I hope I will.

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Orientation to tasks — Home for the elderly.

Until I had a conversation with Andrea Juhas, the previous nurse in charge of an elderly home in my town, I had doubts about whether what I am proposing, the implementation and simplification of care is even possible. Feeling nervous about our meeting, the date and time were set for us to converse over a cup of steaming coffee about her work in the nursing home. Passion towards care and humanity has bridged our different worlds, giving me an understanding that it is a hard but possible dedication to productively question and reshape the system. The respect, confidence, and trust in the un-systematic practice of the experienced medical worker has left a significant mark on me.

Integrative validation is used in work not only with people with dementia but is broadly implemented among people with other cognitive impairments. Every elderly person has some cognitive impairment, their cognitive abilities decline with age. Through Integrative validation, gathering a range of biographical elements and acknowledgment of feelings expressed by people with dementia are considered, validated, evaluated, and returned back to them. People with dementia and similar impairments are prone to wandering, "*I'm going home now*", this means that this is the reality of the ill person at that moment, there is nothing else we can do to distract them, the initiation of a new situation, such as, let's offer the person coffee, that can stop the fixation for a few minutes, however, it will not change the underlying desire, the problem.

The problem is solved when it is deeply understood that for an ill person, for example, the action of going home, is crucially important, and when we validate that desire, we make known her/his/their need to go home. A way to safely interrupt and expand the desirable action with feelings of comfort and beautiful memories, for example, "*You go home because it is the most beautiful there because there is your family, your things, your room*," expands the temporality of reality these people face.

Integrating biographical elements into the conversation related to the momentary needs of the patients, validates their needs and enables attention to be diverted from the only known reality in which the demented person currently lives to the wider context that was once known to him.
What happens the moment when we validate the feelings of the sick person is, the tension of the sick person to fulfil the current need (to go home) no longer increases. If the feeling is not validated in time, the tension grows while the person begins to change behaviourally in ways that can be socially unacceptable. The person begins to show signs of aggression, bangs on objects in the room, and the door, hits the caregivers.

Unacceptable behaviour is just a natural reaction of a person who is unable to sustain his/hers desires and does not understand why he is deprived in the first place. Unacceptable, aggressive behaviour is most commonly solved by prescribing drugs that, given the reduced cognitive abilities of the patient, completely drag the person to the bottom and cause complete non-participation in treatment, the person becomes static in bed from which there is no way to get out, which leads to consequent health complications and ultimately death within half a year. This sequence of events is the result of non-validation by the caregiver who, in this case, did not validate the feelings of fear and anxiety.

The implementation of integrative validation leads to the reduction of psycho-pharmaceuticals and the establishment of a quality relationship between the caregiver and the patient. A demented patient will not remember the person or the carer, but he will remember the experience of receiving and returning back the good memories he got during the

interaction. A sense of security and trust will be implemented in the patient and his carers. Equally, the body of patients is capable of remembering unpleasant, painful stimuli, and in contact with their source, feelings of mistrust, fear, and anger will always prevail.

Integrative validation does not necessarily have to be communicated in the verbal sense, between two people. Even the very establishment of eye contact, the use of body language, and touch as symbolism and a sign of presence. The application of this technique enables the demented to recognise themselves in other people's words and get a grasp on repressed, lost, which now serves them as a way to establish contact with other people and caregivers. The relationship develops on the basis of cooperation.

Unfortunately, the uncontrolled behaviour of patients in larger institutions such as hospitals, where the number of staff is significantly outnumbered compared to the number of patients, given the impossibility of providing adequate care and the amount of time to individual cases, is solved by tying patients to the bed, where the person gradually dies if he is not rehabilitated by validation.
Aggression is solved by a calming, non-irritating, relaxing environment.

Among the treatment of people who are extremely apathetic, embracing tactility is the main point of focus. In the sensory room, this is created in form of tubes filled with water that, with the sound and vibrations of the water, soothe the patients who start leaning their weight on them, light threads around the room are fascinating in another way. The very effectiveness of certain phenomena stimulates the brain of apathetic patients and significantly improves the quality of the time spent in nursing homes.

From personal experience, use should be simple, customised. When entering a sensory room with a person diagnosed with dementia and Alzheimer's syndrome, the person is often completely unaware of the environment they are in, and explaining how to use certain objects is an impossible task for the caregiver, given the apathy that such people feel towards their surroundings.
Therefore, the complexity of the elements should be reduced to a minimum, similar to elements found in the treatment of children with cognitive impairments. The loss of perception of the visual field often leads to the loss of perception of boundaries, the size of one's own body, and the relationship that the body can safely establish with objects in the environment. The safety of the sensory room must therefore be reduced to effects that initiate mild stimuli and objects whose dimensions are not invariable.

Integration of a disco ball, a typical element of such rooms, becomes inappropriate considering that the rotational component of its effects makes the room itself an unstable structure in which a person with a weakened vestibular system can easily fall and injure themselves. Strength, security.
The integration of complex forms of interaction with elements such as the control panel becomes too elaborate for the users, making it necessary to consider methods of application in accordance with the basic state of our body and the primary relationship we establish with the environment. The integration of rules in the form of games and instructions can reduce the motivation and interest of the user in the room itself, and it becomes unusable, considering that it requires the adoption of new cause-and-effect relationships between objects and actions by those who often find difficulty understanding the purpose of regular appliances as a toothbrush.

Immobile people are deprived of sensory feelings. Staying in bed 24 hours a day means that a person is constantly witnessing an identical image of the ceiling, and sensory stimulation can be involved in their treatment through the integration of hanging elements

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that change and create new scenes. People who lie down for a long time and do not have the ability to touch themselves lose the sense of space and themselves, they merge into one boundless area. Basal stimulation is a method of care by which we restore the feeling of the patient's body through a light touch through the whole bodily surface. The room cannot serve as a cure for dementia, however, it can provide better living conditions in the institution.

Raising awareness about dementia must be aimed at understanding how we can enter a world that makes sense to the sufferers, but not to us as observers, and adaptation on our part is necessary for the form of education aimed at affected families and communities. Furthermore, explaining the difference between dementia and mental illness is necessary, given that dementia occurs as a result of technical damage to the brain. Lowering standards regarding norms of behaviour, acceptance that norms of behaviour are no longer valid, and that caregivers must individually monitor the way in which communication with the patient is carried out. Awareness and respect for the past, about who and what roles the sick person had, is necessary, preventing stigmatisation, minimisation, patronisation, arousal of shame and discomfort.

The current state does not define a person as a whole.

The state between two worlds brings a person to a state in which a person loses themselves, and is aware of it while still being aware of the self. Adopted behavioural patterns slowly disappear, and the person forcefully aims to be perceived as *"normal". The tendency and effort to hide the binary condition create a negative impact, inducing a feeling often described as a dissolution in which "I" and the world become the same, because "I"* lose the influence. The use of medicines facilitates this transition, however, preventing it is impossible. Bonds loosen and people live in a world where they form their own rules and forget past codes.

In Croatia, the deviation from the way care is treated and provided in such institutions is present in forms validated by law and healthcare structure. Nursing homes where the family model is initiated and nursing homes that put patients and their needs first by implementing their perspective as the backbone of the arrangement of the space are the future of care system reforms.

The current system encounters problems and often acts almost in contradiction to its initial purpose by introducing a series of legally regulated frameworks that create a sterile environment. In this way, the roles and tasks attributed to them are created, creating a hierarchy in which dementia sufferers occupy the position of passive member of the institution who is not capable of contributing to the overall functionality of a complex system made up of caregivers, doctors, delivery people, cooks, patients, housekeepers... Through regulations, the patients are systematically discouraged from participating in everyday activities, such as washing the dishes or walking in the open space, thereby removing them from the society and relationships that they have fulfilled throughout their lives, degrading them to the level of a patient who fills his time through, for example, painting workshops. This approach removes ill people from the known context that could help them in easy communication with the environment and re-activation of body memory.

Therapy for people with dementia and the elderly cannot be replaced by workshops, therapy is what is in their environment and the way in which we can connect everyday life with the past. A simple example is an example of preparing a meal in which together with the patients, caregivers discuss and decide what and how to prepare for lunch, dinner or breakfast, writing a list of ingredients and thus establishing connections between the

ingredients and the way they are used in the chosen dish. Cooking is an extremely individual task that each person performs throughout life in their own way, and this provides a framework for reminiscing about the past and establishing relationships between patients and caregivers. Joint preparation requires division into several steps, and with observation, each patient is responsible for a part of the cooking process, thereby implementing motor skills exercises through the actions of chopping and peeling, an action we perceive as a normal daily activity of a grandma.

Through the opening of the home to other components of society that surround it, the possibility of distribution and collective care is realised for patients who do not lose all social skills once a diagnosis occurs. For example, by implementing a shared space between buildings, old people's homes and children's kindergarten, as well as the possibility of making contact between the populations of the two institutions, osmosis is achieved. The elderly can communicate and express care towards the children, and the children receive help, develop communication skills. Through binding separate spaces the work of the caregivers is facilitated by users of these spaces, significantly reducing employees in terms of quantity, considering that the only necessary monitoring of interactions that take place in a safe space. Observing the potential and needs that a person shows is becoming the backbone of the way of receiving care.

The staff has expressed divided feelings on the integration of this approach of working with the cognitively impaired. Systematically, the measure of productivity and quality of one's work is reduced to the number of tasks prescribed by the form. Remodeling institutions by extending the model of care achieved through observing and reacting to the current state of the individual patient, not to a systematic way of treating dementia, the quality measure becomes institutionally inapplicable. The work is measured in whether the user is satisfied, ensuring that the individual approaches of the employees reach their maximum and in this way support the motivation to perform necessary work.

Systematic institutionalisation materialises employees and patients, treating them as a quantitative inventory of the institution that contains abilities and individual qualities, needs, but maintains them in a balance that is not necessarily sustainable or progressive. Work and trust with employees are important. Workers whose tendency is to perform tasks that guarantee the fulfillment of the norm. Those who have inadequate social and communication skills are difficult to adapt to the extended model of care. Respecting individual preferences and virtues improves the quality of work, ensuring employee satisfaction. The division into staff and users is deeply problematic in practice.

By adapting the space to the users, not the staff, a safe environment is achieved that prevents stagnation and improves the standard of life. Circulation of space, fluidity, and changeability of rooms, direct contact with the outside world.

A few years ago, a middle-aged man who suffered from a type of impairment and was not able to take care of his own life lived in the nursing home. The nurses stimulated his interest and the contact he established with food delivery people. Delivering a hot meal to the elderly outside the nursing home every day gave him the opportunity to help the employees, become physically active, stay and talk with delivery men outside the context of the nursing home, in this way enriching his own life limited to the institutional building. The system did not approve of this approach to therapy and the young man was deprived of continuing with this action, which resulted in significant degradation of his condition, the progress of diabetes caused the loss of both legs, making him immobile and leading to death. This is just one of many examples of the systematic

elimination of patients, taking away their role in society takes away the meaning they created in the new context of institutional life.

Observation of the patient as a person belonging to a context together with a hierarchical approach to providing care is a necessary step in the education of medical staff. One of the caregivers is dedicated to each affected person. Deeper mutual contact and long-term commitment to one patient create bonds of trust, ensuring individualisation and flexibility in care provision. Through interaction, a deeper knowledge of a person's past is achieved, and through active action, for example, integrating objects in the room that can remind the person of their younger self, deeply improves the atmosphere, thus facilitating care.

Taking into account the age of the patients, the concept of death is normalised through family education and the provision of conditions that ensure that the patient will end his life among familiar caregivers and family. Understanding the patient's needs implies respect for the natural course of life. Ensuring necessary medical action for the vulnerable and destigmatisation of illness with its outcomes eases adaptation of close communities.

A relationship of trust with the family requires continuous work. For patients who rarely come into contact with their loved ones, the therapist's work focuses on rebuilding the ties that connect the patient with people from the past. The walk of the daughter and the demented mother brings the patient closer and normalises her current condition. The therapist's regular initiative to establish a conversation with the family and inform them about the condition of the ill shows that the person is cared for while it creates long-term, professional respect for the staff.

The integration of elements such as a sensory room is unnecessary when basic measures such as cleanliness, satiety, and healthy relationships with caregivers have not been achieved.

Medical staff can provide care in every sense of the word, from fulfilling social needs to therapy and care... In this way, the need for a large number of workers is reduced, and their satisfaction is increasing, considering that they actively apply and expand their knowledge through direct contact with the nursing home. Upgrading and constant adjustment of care ensure the final goal is to ensure the most reachable independence of a person, to allow independence to the patient, expand the current state and untie him from the circular health care system.

Care is not the provision of bed and food, care is the provision of social interaction, movement and experience, of observing the whole of a person's past and present, orientating their future.

An interesting initiative has been included in several homes in such a way that a photograph of patients from the past is positioned above the beds. In this way, the staff themselves get a broader picture of what the people in front of them care about, creating greater respect for the ill.

Developing competence in small things is extremely important in developing independence, the very act of washing dishes independently can raise self-awareness and perception of one's role in society. Belittling behaviour disenfranchises, shames, and degrades them. A supportive and caring environment can combat the negative effects a person has experienced previously. Illness is not fixing a person in time, it allows for a person to develop, welcome improvement into their life, and change into their current condition. Betterment of life conditions causes happier patients who are able to welcome stimulations, changes, and new ways of expanding their everyday much more efficiently.

The use of medicines is, of course, necessary in some cases. However, judging the person's condition upon entering the institution itself and determining the appropriate care should be carried out when the person is in a natural state. Medicines show side effects that weaken already weak cognitive abilities, therefore, allowing and observing the natural state of the body is the first level of care. In this context, the privatisation of healthcare is often reduced to providing conditions that are extremely bad and degrading for patients. Ignorance and misunderstanding of the problem lead to inadequate provision of care, thus reducing the user's life to extracting profit.

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Allows opportunities to actively participate in group process by answering simple questions and expressing opinions
CONVERSING STAGE

CONVERSING STAGE.

3 Allows opportunities to actively participate in group process
by answering simple questions and expressing opinions.
Sensory rooms. Outlining ideas around collective care and urban spaces
as methods of welcoming diversity, normalising disability

Can the asymmetric become harmonious?

As a child, I feared getting my blood drawn, forcing my parents to stay in the waiting room for several hours. Trying to get me to enter the room where a nurse would drip red drops into an epruvete was terrifying because I felt like I could feel the pain before even experiencing it. I still fear it, but now I faint from time to time. How my parents would solve the issue would be by calling my grandma to come in with me and hold me by the hand while I was pressing a stuffed animal in the other. I had to have a support system. I always wondered what they do to that epruvete, what is its path, and how it speaks about my body without me being there.

Institutional environments are often hostile, sterile and unwelcoming. Their appearance we often connect to pain, discomfort, and tragedy. Rarely do you feel happiness when entering through automatic glass doors. Lead to an information desk, a shame when you have to express your body or mental discomfort to a complete stranger in order to be directed into a certain healing box where you are nothing more than a numbered document.

Before it is removed from the density of the body, disease is given an organisation, hierarchised into families, genera, and species.[24] ✴ The system of points that defines the relation of the disease to the organism is neither constant nor necessary. They do not possess a common, previously defined space. By systematical reduction of bodies to lines, points, and measurements, we learn to observe our body in relation to the classified state of the world and objects, illnesses become objects themselves, objects to be removed.

The body is an object of perception, just like any other object in the world. The spatiality of the body is removed from the individual body and introduced into the spatial requisites of anatomy and classical geometry. Extending the boundaries around disease allows understanding of the asymmetric state of ill bodies, of re-claiming objectified and systematized as a divergent, unbounded space that extends itself through time and space. It allows us to view ill bodies as able to connect to the outside by creating harmony between the asymmetries.

Regular tasks require movement based on procedural memory, automatic responses, but the body contains much more than that. Relearning and reconnecting with body memory can allow for different ways of being in this world and different ways of being in own individual body.
Focusing on medical studies, we are able to propose and discuss how we can create spaces that encourage new interactions with our own bodies, encourage care and healing, and how we can create spaces that can heal those suffering from neurological and psychiatric disorders. Can we remember our childhood and return to our un-judged bodies?

Our experience of the body is not direct, rather, it is mediated by perceptual information, influenced by internal information, and recalibrated through stored implicit and explicit body representation, body memory.

Our bodies' memories are the result of our direct bodily experiences, and they also include our experiences of how others perceive and represent our bodies.[25] ✴ Bodily

[25] Slaughter, V. and Brownell, C. A. (eds) (2011) *Early Development of Body Representations.* Cambridge: Cambridge University Press (Cambridge Studies in Cognitive and Perceptual Development).

[24] Foucault, M. (1994) *The Birth of the Clinic: An Archaeology of Medical Perception.* 36401st edn. Vintage.

Sensory body: from self to community
CONVERSING STAGE

Dora Ramljak

Rethinking urban movement through the frame of radical psychiatry

Allows opportunities to actively participate in group process by answering simple questions and expressing opinions
CONVERSING STAGE

experience is constructed from early development through the continuous integration of sensory and cultural data. To experience one's own body is a probability as our sensory input and stimulation become strongest when defined boundaries of our material body come in contact with objects around us. To experience one's body is an interplay of being able to imagine and desire the expansion of limitations of physicality.

Owning a body is understanding ability as information that enables motor functioning based on the intentionality of self in this world. Bodies exist in the past, present, and future. The flow of movement and self-awareness are built into habitual bodies, our past, present, and future body that has learned and lives right now, but knows intuitively what else is in its power.

Homeostasis of self-perception is altered through simple existence in internal and external changing environments, where our body representations become mapped and encoded, altering habitual body through the peculiarity of their nature to itself. Our body becomes a time-bending machine as body memory ensures long-term perception of the singular body, while it welcomes interruptions and mutates by creating body representations based on real-time information of bodily state.

Picking up a flower, bending and reaching the arms towards the ground, using a gentle force, and pulling towards your body. The flower is held between the fingers, you bend the arm to smell it. A complex set of bodily actions to meet the smell molecules with the nose. A network of observation, reflection, and association extends the limits of the body by creating goal-directed self-consciousness, where awareness of intention over the structure of the body allows for understanding one's own capabilities, and individual agency.

Cultural practices and language have a central role in shaping our bodily experience as we construct and revise our own experience of the body through a variety of social inputs.

Experiencing and remembering the body is the comparison of *"the objectified body"* with an ideal cultural body produced by institutional norms and values.[26] ✸ The objectification of bodily representation transforms inhabited individual perceptions in order to create an ideal cultural body.

"Treating the body as a project... involves practical recognition of the significance of bodies as both personal resources and social symbols... Bodies become malleable entities to be shaped and honed by the hard work of their owners."[27] ✸ We will never own our bodies.

Sensory rooms: "...most self-aware thought takes place at exactly the moment when the boundaries of the self are least clear."[28] ✸

The body is the most multi-sensory *"object"* in the world. Understanding of having a body and understanding its boundaries, how it relates to other objects in the world is a long process of learning by doing, interacting, and observing the other, touching, tasting, and smelling.

Our brain creates *"images"* of our bodies that are tied to specific situations and relations, that are temporary and tied to the present, we are conscious of how our body is responding in these situations. Seated on a chair, we get up unconsciously. It is an image of our body, the unconscious action, position, and state we find ourselves that allows for undisturbed functioning in the everyday, it is created by experiencing, collecting, memorising, and familiarising our bodies, creating an overall image, a body memory.

By interrupting the flow of creating short-term body images through the introduction of modified somatosensory signals, the signals relating to the perception of sensory stimuli from the skin and internal organs, we are capable of affecting our body's responses. Alterations in multi-sensory integration and its processing in the body may induce

[26] Calogero, R.M. (2012) "Objectification Theory. Self-Objectification, and Body Image," *Encyclopedia of Body Image and Human Appearance*, pp. 574–580. Available at: https://doi.org/10.1016/b978-0-12-384925-0.00091-2.

[27] Shilling, C. (2012) *The Body and Social Theory*, Third Edition (Published in association with Theory, Culture & Society). Third. SAGE Publications Ltd.

[28] Graeber, D. (2020) *Anarchy—In a Manner of Speaking*: Conversations with Mehdi Belhaj Kacem, Nika Dubrovsky, and Assia Turquier-Zauberman (Anarchies). Diaphanes. p.10

Thompson et al. (1999) "Exacting beauty: Theory, assessment, and treatment of body image disturbance.," *Exacting Beauty: Theory, Assessment and Treatment of Body Image Disturbance* [Preprint]. Available at: https://doi.org/10.1037/10312-000.

[29] Giuseppe Riva, *The neuroscience of body memory: From the self through the space to the others*,Cortex,Volume 104, 2018,Pages 241-260, https://www.sciencedirect.com/science/article/pii/S0010945217302381

disturbances in the functionality of body memory and its adaptation to different shapes of body representations.

Neurological disorders, psychiatric disorders, schizophrenia, eating, and weight disorders, as well as depersonalisation disorders, are deeply tied to bodily experience and this could potentially, when integrated correctly ease and support treatment. The alterations occur due to the inability to correctly link consequential positive or negative effects to body signals or due to the inability to update the bodily system with real-time information.[29] ✸ Sensory rooms find their place in the treatment of children with developmental disabilities. In addition, their representation in the treatment of adults with disorders of cognitive development and mental difficulties opens up the possibility of their integration as support for regular therapy.

The multi-sensory environment creates a relaxing and calming effect on the person but also activates different areas of perception aimed at basal stimulation for people with neurological disorders. Time spent in a multi-sensory environment has been shown to increase concentration, direct attention, improve alertness and improve mobility, creativity, social relationships, and communication as well as general awareness of the environment. Various optical, sound, olfactory, and tactile stimuli significantly contribute to the development of social awareness and enable the creation of an individual path of recovery and easier reintegration into society.

To be granted permission of taking care of your own body and mind, to be extended from the position of illness to the position of a human that is suffering, allows for a change in perception of illness and how we deal with it personally and collectively. Observing yourself as a system of building blocks in which one simply doesn't fit correctly, leaves you with all the rest that can provide guides in re-gaining overall well-being. The disorders are maintained and constructed in a context that exceeds the body itself, merging the body and space. Changing the narrative requires a rethinking of contexts we surround ourselves in and reimagining them as tools for providing individual care and growth.

People in treatment are stripped from their own track of recovery as they are deemed unstable, irrational, and incapable of caring for themselves and perceiving their condition. To be able to partake in one's own life is crucial as it allows for establishing connections with surroundings and generating a sense of self. Freedom and responsibility. Dignity. Control. Self-management. By observing an individual's implicit memory and how it changes in unfamiliar situations and stimuli, it becomes much clearer how a person perceives his/her own body.

Through the use of technologies for the purpose of creating a space where the integration of external stimuli and internal, known body signals is present, the controlled correction of a dysfunctional/predestined reflex is enabled. Furthermore, a safe space that ensures free movement, and interaction with objects and stimuli, is designed to bring patients in contact with their own senses, emphasising that there is no wrong movement, experience, emotion, or expected goal. In this way, the person suffering from the illness is enabled to participate in their own recovery and to feel in control of it. It is an act of reclaiming freedom, an act of harmonising asymmetry.

object / subject
body = multi sensory "object"?

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Cold,
sticky,
Hits the bone,
She asks me if am I aware
of my condition,
Not really.
I could not feel my body, see it,
I felt only as existing, not living.
:·

After a few months of difference, I reached dr. sc. Jelena Balabanić Mavrović, executive director of BEA Center for Eating Disorders in Zagreb, Croatia. My reach was different this time, connecting the concerned voice I heard over the phone to a person sharing the space with me. I would like to refer to dr. Mavrović as a person whose openness was heartwarming as she welcomed my curiosity towards the centre's work, and a person who gave me the chance to access her everyday in order to introduce more care, creativity, and humanity in treatments together.

Our discussions opened the possibility of merging my artistic practice and their work by creating a sensory room for their patients. My design of sensory room elements was informed by the basic principles of its functionality, nature as the main source of re-appropriating bodies, and the needs of the people in treatment.

How do you determine what a person needs to start recovery? Do you sense a change in the patient's motivation?

Motivation is key for a person to begin recovery. We do not reject those who are not ready for recovery, we accept them and try to find a way that would provide a sense of security and hope. Part of the diagnostic picture of eating disorders is the unawareness of the amount and severity of the difficulties that sufferers have. Few people can see their body image objectively, people simply do not see their body as it is or minimise the existence of existing health risks. Motivation for treatment and recovery is a key obstacle we face when working with patients. Internal ambivalence accompanies eating disorder treatment from the beginning throughout the recovery process, it does not go away even at the end of the treatment.

A person always has a doubt: whether I am sick at all, whether I need treatment, whether there are those who are sicker than me who need this more, whether anyone understands me, whether they understand what an eating disorder is as they do not have an eating disorder themselves, how is anyone able to help me at all when my disorder is inside me, in my head, how will someone penetrate my inner world?

The feeling of distance, distance from experts, the environment, family, and friends is a big problem that accompanies the patient throughout the entire process. With the continuation of recovery, patients manage to recognise that version of themselves, the voice of the disorder, and the person begins to understand that the arguments against treatment, against recovery, are the voice of the disorder. The disorder wants to persist, it resists treatment, and given that these are often very intelligent people, the arguments are often very convincing and legitimate.

What do you see as a shortcoming in the way of working with eating disorders?

In Croatia, over the years, we have been able to offer different models of treatment, with three phases. The recovery method is always adapted to the individual case. What is the structural backbone of our way of working, where there is not so much flexibility, is the separation of symptom-directed work from psychotherapy work. This method, adopted from an established foreign model and professional literature, proved to be extremely successful. Expectations, rhythm, and psychotherapy techniques respond to the individual needs of the client.

Day hospital in the psychiatry clinic in Jankomir as an intensive program, five days a week for five to six hours a day; outpatient treatment with visits to the Bea center for therapy; hospitalisation, for those with body mass index lower than 15. The phenomenon of the disorder itself is a difficult decision to begin recovery, a decision to contact treatment, which results in its difficult curability. Finances prevent people of lower financial status from recovering, but the presence of free public health care makes it somewhat more

Sensory body: from self to community   *Dora*   Rethinking urban movement through the frame of radical psychiatry
CONVERSING STAGE   *Pamljak*

Allows opportunities to actively participate in group process by answering simple questions and expressing opinions
CONVERSING STAGE

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accessible for people in Croatia when looked at in comparison to other Western states. We are talking about our initiative at the level of the capital, Zagreb, taking into account the size of the country itself.

The centralisation of treatment in one geographical area can be seen as an obstacle, as it often requires a move across the country to receive treatment, therefore removing the patient from his/hers natural surroundings, family, and friends. However, centralising care can also serve as a symbolic new beginning. We witness how leaving past patterns behind can help sufferers to recover and unlearn harmful behaviors.

In what way do you witness the isolation of patients from the rest of society, and how do you try to solve it?

People suffering from eating disorders, just like people with mental disabilities in general, are extremely isolated, stigmatised, and lonely. People suffering from an eating disorder rarely have *"just"* an eating disorder. The issue of disorders is difficult and complex, and we often talk about anxiety-depressive, obsessive-compulsive, or more severe states. People do not understand that it is an illness, when the soul hurts, the environment does not understand it.

The COVID pandemic as such, in addition to increasing the number of people suffering from eating disorders, gave us the opportunity to provide psychological help and participate in online therapies. This method enabled people with extremely severe cases of isolation, and depression to get involved and receive support in a simpler way, with less resistance.

There is no residential center, a daycare center, which would allow cohabitation, but it could be the next step in providing assistance. Currently, through a series of support groups, nutritional groups, individual therapy, group therapy, mindfulness, or yoga classes, we try to provide a series of activities that would enable patients to fulfill their lives and strengthen bonds with the people around them.

How does being in a certain space affect the perception of the body, the disorder?

The therapist's work with the client's individual needs is key in this case. At the day hospital in Saint Ivan Psychiatry Clinic in Jankomir, the team works and exchanges information about the client in order to adjust the therapy as best as possible. Individual differences and traumas should be taken into account. Through the observation of sensorimotor stimulations, the process of re-traumatization can be achieved, and individual cases and connotations related to the disorder must be taken into account and navigated through therapy in the process of desensitisation.

How do you prevent the negative impact of the environment on the patient?

Given that eating disorders predominantly affect the younger population, we provide support groups for parents. In this way, we try to raise awareness and educate parents about more successful ways of communication, so that they themselves recognise their own emotions that arise in the presence of disorders among children, such as feelings of helplessness, anger, despair, depression. The parents are equally lost.

We also provide individual psycho-education. For the elderly, we have support and counseling with relatives and partners, in order to raise awareness and prevent inappropriate communication, misunderstanding of eating disorders, unrealistic expectations, or influence on the psychological state of other members of the environment. By observing the condition of the people surrounding the patient, we try to establish how and in what way their psychological state affects and burdens the patient, and we encourage them to work on their own difficulties outside the context of treatment for eating disorders.

What does the sterility in this area of the Center contribute to?

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My dream is to have a courtyard, safe garden and carry out therapies in there, where safety, nature, and contact with the earth, all the colours and air can really become empowering for a person.

When we were thinking about decorating this space, I would say that it was deliberately ascetic, because that is the world in which our users live. Our users are not people who please themselves, people who have an eating disorder are able to suffer a lot and postpone their own needs. When we went to decorate this space, we wanted the space to be clean, airy, and bright, to be a symbolic speech that our users understand. Here we may have come closer to the world of people suffering from anorexia, people suffering from bulimia, typically according to their profile, they would like it to be a little more challenging and colourful.

When people come here for therapy, they are so much inside themselves, in their inner world that they sometimes ask about objects that were present throughout the therapy, but they only noticed them after a year of staying in the same space. When a person comes for psychotherapy and it is acute in the disorder, they are completely inside themselves, in their inner world, this is a person who, even when next to someone, finds it difficult to open up and let the other person close, it is also difficult to let stimulation come to forward and be sensed. This is the context in which we work, the context of our users' lives. These are people who carry great psychological suffering and who are occupied with it.

Opening towards the sensory room in the future is a really challenging undertaking because the eating disorder itself if we take anorexia as such, is a separation: I separate myself, I don't need food or another person, I can and must do everything alone, I maybe I want food, maybe I want a hug, but I'm denying it, of course, everyone for their own reasons.

Inner asceticism is a personality line, however, much can be done through therapy. An opening is the key, risk, change, drawing attention to yourself, coming out of security, cocoons. Staying on a small, sparse island provides security, and through therapy, we build bridges to open up to the world and the future.
The therapist teaches the client to take care of themselves, and to grow up. Growing up, individualisation is a process of therapy.

How to approach patients with limited mobility?

At the Saint Ivan Psychiatry Clinic in Jankomir, in the day hospital, people must have a body mass index of 15, and below that, the patient's condition is considered a direct threat to life.

Due to the consequences of extreme malnutrition, the person is in a life-threatening state and cognitively changes, and cannot consciously participate in psychotherapy. Cognition is altered, a person cannot participate in group or therapeutic processes. A person with a mass index greater than or equal to 15 is not healthy, however, they are mobile and out of danger, they are relatively physically stable. When accessing the design of the room, patients can actively participate in the activities provided by the room.

How to integrate the elements of the room outside the context of the day hospital?

When people come in contact with themselves and learn to use sensory exercises, the perception of such an environment as pleasant is crucial. The effect of calming and safety, relaxation, is what we would like to achieve in patients with eating disorders by promoting a pleasant, relaxing sensation or sensations that arouse in a mild and pleasant way. Such sensations, stimulation by sound, light, and tactile surfaces, once they are made aware through contact with the body, can be very easily implemented on a daily level, such as awareness when doing the act of washing dishes in hot or cold water.

What do you think could provide a sense of security?

Soft colours and lines, something reminiscent of childhood, motherhood, and a more regressive environment. I believe that working with stimulations should be divided into phases, so the first phase is gaining trust, security, and relaxation, and in a later phase when the space becomes perceived as a safe place, then overcoming small tasks can eventually be implemented, for example overcoming fears (crossing over swinging bridge, going over pillars), something that strengthens the security in one's own body, which enables one to overcome some minor physical obstacles.

For some people, the first phase may be the only phase, but for those who are ready for a more intense environment, there is always the possibility of opening space in that direction and developing self-confidence, faith in their abilities. Those who are more vulnerable and distant have the possibility of staying in a soft, relaxed space that can serve as a place of complete safety and relaxation, surrender, trust, which is a huge task to provide.

Do you feel that the preventive methods you integrate into your program reduce stigma and raise awareness of the disorder?

Preventive programs are very important and we have been implementing them for over ten years with good feedback and evaluations in turn. Currently, due to the lack of financial resources, we mostly carry out volunteer initiatives, and of course, it would be nice if there were more of them to educate and draw attention to the pre-puberty and early puberty age.

What is important for the prevention of eating disorders is the struggle with the potentially severe consequences of obesity prevention measures. Today, there is a global health, and public health campaign against obesity that is sometimes conducted in a rather rude and unprofessional way, and such a focus and stigmatisation of obesity can create a switch in young people for the development of eating disorders.

Would contact between sufferers and those who stigmatise be productive in fostering destigmatisation and understanding?

Not. As a first example, the family of the patient, the closest and most involved in the disorder, does not understand and stigmatise. Such contact itself is very harmful to the sick person, if they were exposed to misunderstanding it would be unethical towards them, in my opinion.

What motivates you? How do you take care of your own mental health considering the severity of the problem you face on a daily basis?

Working with eating disorders is a calling, not a job. It is extremely difficult, but we find meaning in it. Balance is important, we bond so much with girls who are sick and want to help them, and it's very easy to ignore that line. We face burnout due to the difficulty of the topic we work with every day. It's not good for us, and it's not good for the girls either, because they need to feel that it's their responsibility and their life regardless of how emotionally attached we are to them. One should be aware of the professional boundary. Our quality of service is based on communication between staff, and our expert councils and consultations provide the opportunity to exchange information and learn from each other, as colleagues and friends.

Are you against medication?

When I started doing psychotherapy, I was very against medication. Through my work, I have seen that if the condition is too difficult, especially if co-morbidities, the independent and simultaneously existing medical conditions, are present and strong, they exhaust the person. I saw that in that case, it is very good for the person to consult a psychiatrist and receive pharmacotherapy, but also to receive help in the form of psychotherapy. In this way, pharmacotherapy gives wind to the sails, reconciles the mood and the disorder behaviours, and gives a chance for psychotherapy to be perceived in a new way.

People struggling with eating disorders are one of the most challenging and vulnerable groups because their fragile physic meets hypersensitive psyche, so working with them should acknowledge and combine both dimensions of the disorder.

The project of creating the sensory room for our patients is much needed in a progressive therapeutic approach to helping people with eating disorders. In a gentle and safe way, it enables the person to encounter her/his own body and different sorts of sensations, the experience which can be both soothing and empowering.

I hope that this project is just the first step in integrating highly sophisticated design into therapeutic use and that local hospitals and psychiatric wards will recognize its contribution to the holistic treatment of eating disorders.[30] *

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Jelena Balabanić Mavrović, Ph.D., therapeutic counselor Centre for eating disorders BEA, Zagreb. Feedback on combined project.

Sensory body: from self to community · *Dora Ramljak* · *Rethinking urban movement through the frame of radical psychiatry*
ACTING & INTERACTING STAGE

Series of target games to promote physical activity and social interaction
ACTING & INTERACTING STAGE

III

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39 4 ⬦ ACTING AND INTERACTING STAGE.
Series of target games to promote
physical activity and social interaction.
Methods of sensing for individuals.
Elements of the sensory room.

Can we create urban utopias?

Cities are sterile, organised, under control. How do we wander around cities? How do we inhabit known spaces in new ways? How to alter urban spaces in order to create spaces of care and extension? How are we able to host individual utopias?*"Cities have the capability of providing something for everybody, only because, and only when, they are created by everybody."*[31] ✲

Movement is the way in which we enter a dialogue with the unexplored space and create routines that position us in certain roles allowing to exceed places we inhabited for a while and expand pre-perceptions of spatiality. The bonds allow for attachment and create personal narratives around how and why we use them in relation to the other. Un-habitual existence in common spaces becomes impossible, as the full potentiality of space itself is instantly reduced to its familiarised dispositions.

Desire drives utopian vision Binary spaces.
Places and conversations. Heterotopia. Working utopia.

A utopia is a place of desire and idealism, places *"which have no place"*. Utopias exist in the imagination, which makes them capable of generating new forms of knowledge and practices. Utopia exists in the future, but derives itself from the past and present, just as a body. Basaglia's work in Trieste can be considered a *working utopia*.

"Working utopias" welcome discussion between people and places that is capable of bringing forward utopian tendencies."Working utopias" *are types of change desired by utopian imagination, they are sites of "pedagogic action" where others come to learn how to practice differently, how to perceive, think and act in different ways.*[32] ✲ Working utopias offer solutions for reimagining social situations and processes enabling social imagination, debate, and conflict. Working utopias are spatial models existing in the same context with the everyday.

Urban landscapes are filled with *"zero"* spaces that gain meaning once they host our roles and desires. A zero space as a waiting room is the gap between spaces whose importance is more valuable, it is a place in between. A zero space leaves no possibility for imagining its full potentiality. Zero spaces are sites whose in-betweenness and multiplication of the purpose can be used as a powerful tool when considering design as a political and social tool. Zero spaces welcome binaries between different experiences. Due to the short habituation of these places, the differences between us and other people, the prejudice can be deeply felt or completely ignored. These are places where we become the most conscious of our body in connection with other bodies. Zero space is a heterotopia.

Heterotopia is a place that is somehow other, a world within worlds that mirrors its surroundings but disrupts them at the same time. Entering a heterotopia is intense, disturbing, contradictory and transforming. Existing in heterotopia disobeys the conventional perception of time and space, as a garden with diverse flowers is a world within

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Working utopias and social movements: An Investigation using case study materials from radical mental health movement in Britain; Sage Publications 1999. Volume 33(4) : 809–830, Nick Crossley

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Jane Jacobs, The Death and Life of Great American Cities", Excerpt from Kukla, Q. (2021) City Living: How Urban Spaces and Urban Dwellers Make One Another. Oxford University Press.

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ACTING & INTERACTING STAGE   ACTING & INTERACTING STAGE

#40

worlds. A concrete tool such as a prison or an asylum that removes unwanted bodies from sight, making a real utopian space possible is another type of utopia. Foucault unfolds the relationship between utopias and heterotopias through a mirror.[33] ☀

A mirror, a virtual, placeless space, becomes a utopia as it allows the viewer to observe his own visibility. The materiality of the mirror makes it at the same time a heterotopia as it is completely real and relates to its surroundings while reflecting a virtual image of the realness. Placing a body in conversation with utopia and heterotopia requires visualisation and positioning of self with processing sensations our body experiences through contact with other bodies.

To perceive a body becomes a task where untangling the structural complexity of the body as a form and its dispositions, makes it possible for us to understand the performative aspect of the movement. Following senses breaks the performativity by welcoming the emergence of individual heterotopias into the systematic reality of our present.

The body is a rhizome, a nonlinear network allowing for a multiplicity of entrances and exits. A rhizome as a non-hierarchical structure capable of reinventing, re-connecting, and re-establishing connections to the other and to itself.[34] ☀

"The tree imposes the verb 'to be,' but the fabric of the rhizome is the conjunction, 'and. . . and. . . and. . . .' This conjunction carries enough force to shake and uproot the verb 'to be.' Where are you going? Where are you coming from? What are you heading for? These are totally useless questions. Making a clean slate, starting or beginning again from ground zero, seeking a beginning or a foundation all imply a false conception of voyage and movement [...] [But there is] another way of traveling and moving: proceeding from the middle, through the middle, coming and going rather than starting and finishing."[35] ☀

What follows is a series of exercises for you as a reader to explore at your own pace. A set of sensory practices for navigating our urban spaces that can be experienced individually and interpreted subjectively. The practices are deriving their names and forms from elements of the sensory room I am creating, and I hope that these practices will path the way for bringing the sensory room into the public space .You get out what you put in. To swim, you must get in the water. To dance you must use your body. This is the fieldwork, and the field is your body.[36] ☀ Sensorial and multidimensional imagery is introduced as a method in these exercises of exceeding the potentiality of the individual body in the context of an urban environment in order to evoke ideas about how can we carefully inhabit urban spaces. The exercises derive inspiration from my conversation with the artist, Ola Lanko, whose recent movement practice has been rather influential on my perception of movement-related artistic practices and their reach.

[sketch of tree/rhizome]
Rhizome

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Michel Focault: Of Other Spaces: Utopias and Heterotopias

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Deleuze, Gilles; Guattari, Félix (1987) [1980]. A Thousand Plateaus. Translated by Massumi, Brian. University of Minnesota Press. p. 21

35
Deleuze, Gilles, and Félix Guattari. A Thousand Plateaus: Capitalism and Schizophrenia. London: Continuum, 2004. P. 20. Print, 36 Butoh manual: https://butohmanual.com/

37
Ola Lanko, artist, Personal interview. 10 November 2022.

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Butoh manual: https://butohmanual.com/

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Butoh manual: https://butohmanual.com/

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Utopias aren't impossible, they require individual imagination and agency.
Performing the senses. Emptying to take in.

"When I am transgressing, when I am deviating from the norm like if I go and jump, it will immediately bring me some feelings because I am going against the norm. What is happening in that space when I'm doing this? I can be scared, I can be confident, I can feel ashamed, I can feel so many different things, and depending on who is doing that, so many things can come out. This space can become a research tool.

Transgression is a research tool where you go against in order to inquire about what is happening and within that, you know more and you can move and shape yourself and develop. If I know this experience gives me confidence, I can do it more often. How can I use transgression, deviation, disruption as a research tool for self-inquiry?

It is the body, you get into the feeling of some sort, you inquire into your body, you know how to connect to your body. If you know how to connect to your body, then walking in-between normative spaces can become a tool for research as it will trigger certain things in the body itself."[37] ☀

Pupa. Learning to trust.

In order to take in, we need to let out. It is a simple principle of energy. Energy is a conserved quantity that can never be destroyed, but whose form can be transformed. As an embryo protected by the mother's womb, we are connected to the soft, warm, pulsing environment that is affected by everything our carrier is experiencing through. We are dependent on the other and the other is affected by us. As embryos, we develop in the inside so that we can reach the outside, metamorphose as a butterfly from an energetic life of change and exchange in safety, towards the openness and wilderness. We contract, pull, and fight to communicate, we learn to express the first emotions, we understand the pain of separation in our cry while aiming for a grasp of fresh first breath.

We move from one environment where we needed and received. Our body transforms and vibrates with potentiality due to its experiential emptiness. It becomes a task of inhabiting the world alone while learning how to co-create with the other. As infants we are dependent on our parents to provide care and safety as we are developed but not integrated into society, we do not possess knowledge on how to live. Depending on how well our needs are met when we communicate certain necessities, we are able to develop a sense of trust in our caregivers.

An infant's body is beautiful as it can be observed as an empty body interacting with movements, stimuli, and the other. An infant body is the perfect zero space whose potentiality can be imagined but not predicted. It is by opening and encountering the environment that suspends moments in a state of *"no meaning"*, allowing for potentiality to be observed. Only later, by understanding the social codex and the action-reaction we form habits and preconceptions. We start un-childing, opening the closed softness of our pupa to let more in. It is important to keep the connection to our suppressed body knowledge and work on reawakening it in order to keep the vibrancy of life. As modern humans, we have a tendency to use more effort than is needed to engage in movement. If we learn to release or let things flow more, our bodies will thank us.[38] ☀

Emptying/Quieting is a removal of whatever is restraining one from creation.[39] ☀

→ an empty body in a zero space

Imagine you are surrounded by a soft, green, silky cocoon. It is your safe space where you are able to enclose yourself, the whole world becomes a large, green, calm surface. Green is tranquil.

You take the cocoon with your body in a forest or in a public park, and supposedly the ground is dry enough for you to lay on the fallen leaves or trimmed grass. Gravity is not fought against but embraced. By looking in the direction of the sky movement is noticed, the slow movement of trees or flights, the back is touching the ground. Depending on your closeness to the traffic you can feel the vibrating surface under your back as the tram passes, or hear the tires scratching the road. Maybe you hear only the wind blowing the leaves. The cocoon is not inside, it is placed in the world we are unable to stop, but where we can choose what we wish to let in. It is like a mother's womb protecting, filtering the outside stimuli.

I want you to put your body together.
On your own

At every second of the day, we should remember to keep our instrument (our body) in tune.

How is the breath? Imagine as if every breath is your first breath, breathe abruptly, loudly, grasp for air and release a humming cry as you inhale. Yawning, suspending a yawn, the body cries for air as you reach the point where you are forced to breathe again. Suspend it again. Now the whole body is breathing.

I want you to put your body together.
On your own, use your hands to put your body together.
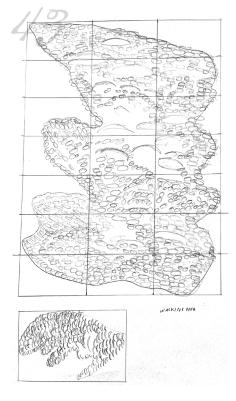*Start from your feet and then go up.*[40] ☀

The green cocoon merges with the body, extending the arms, the soft silky surface touches its membrane, the colour transfers. Touch towards every part of the body transferring the colour further until the whole of the body is felt, all that can be felt is the colour, the softness of surfaces around the body. Contact. What stops the body from merging with the ground, the wind, the air, is it its weight, clothes, posture or gesture? Perceiving the boundary of the body through touch of space around it. The personal space is felt now not only in boundaries of physicality but extended to the personal space surrounding the body. Using colour enables coming in resonance with the externalised sense of self in space.

You can paint the sky green if you want. Extend arms and legs, move the back on the surface under it, transfer the body colour to what is around. Understand the limitations of touch and perceive the vibration of elements around, how to come in tune with them, is it through stretching the physical body, breathing faster or slower.

Unfeeling the body leads to transforming in resonance with the external tune, vibration, feeling only how the outer is felt on the inside. Let the body vibrate in tune with the tram passing. Lifting the body parts, letting them fall and hit the ground, understanding what took you to lift the limb, understanding the intention. Movement is a reaction to conditionality in which they are able to arise. Feeling the limb falling, the sound of hitting, the pupa breaks and you trust you are able to hold yourself, to paint the world around as you find ground in trust. Take as much space as your wings need to expand.

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Jeannie Donald-McKim, Esposito, Paola. *Butoh Dance in the UK: An Ethnographic Performance Investigation.* Oxford Brookes University. PhD Dissertation. 2013. Page 119.

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Ola Lanko, artist. *Personal interview.* 10 November 2022.

Walking path. Letting in.

Barefoot. I try to find sand. Smelling, sound, bare feet, I touch, scratch things, trees. I don't make an effort of going down. I engage longer and allow it to let me in, feel the rocks, moss. Dance with trees, rocks. When I go to nature, I am looking for a fit, to fit into a landscape. Like a whole. I approach a forest as a set of objects, props. A world is a stage of props you can engage with. No matter where you look, it can become a place of resonance and opportunity. Wholeness is an interesting place to experience. Can it even be experienced?[41] ☀

Learning how to move across space trough walking, dragging or crawling creates a sense of autonomy and independence in individuals. Touching the surface while we move across space presents the support and barrier, it shows that movement is unable to be expressed without an other bouncing the initial movement back at as. The materiality of the surface bouncing back affects the trust in self. Presence is related to resonance. Constant gratification. Presence is constantly gratifying, everything you do evokes a reaction, feedback.

Energy attracts energy.

Walking in a city is an explorative reaction toward its surfaces. Cobblestones, asphalt, forest paths, sand, tartan derive different types of effort in conscious connecting between the mind and the feet. Height is affected trough incline of the path. There are, however, different levels of space. Can you walk higher than you usually do? How does the surface change if the level of walking is changed? Surfaces have limitations in form of objects, traffic signs, trees, building walls, is it possible to walk over them?
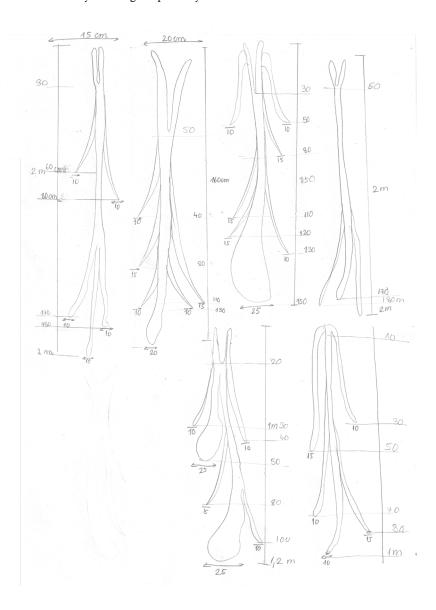
Lift, move, place, change the hight of the lifting, the extension of moving, the angle of placing. How is the breath? In a familiar street perceive the direction and signs it contains, where is the body in relation to the whole of the street, is the sense of distance connected to a visited place, what memories does it incline? Walking with the eyes facing the floor, do you feel the floor bouncing back. Take in the surface, imagine the feet taking in the uneven edges of cobblestones, the feet are moving the rest is paralysed. Disorientating. Stabilising and grounding. The path is the extension of the body affected by other bodies in the space.

Understanding the physicality of the body requires determining distance between you and the other. Moving, imagine they are moving towards you, your movement doesn't depend on them, they adjust the path to you. Switch. Perceive distance between, but walk on a different hight. Lift, move, place. How stable does the surface feel? Using other senses than touch with the surface can impose different engagement with reality.
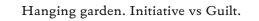
Focusing on the horizon, moving in the slowest possible way allows for sensing the muscle, and tension, understanding how the movement of the next step is derived. Walking becomes untied to the momentum. Everything around moves quickly connecting you to the speed, while you become able to feel the balance, hear the sounds, amplifying the presence.[42] ☀

Momentary exchange of pathways.

45 Hanging garden. Initiative vs Guilt.

"I had this little piece of wood that I found that fit my hand so perfectly. Having that thing in my hand allowed me to surrender to it." [43] ☀

There are different ways of engaging with your body. Energy is received and released differently. Connecting to the different types of energy can help prepare us for the world outside of our physicality. The body knows what the mind knows but doesn't understand. If I feel like I can indulge, I indulge. To come into contact with the body is a journey.

Drawn to immediate gratification, in dancing contact is immediate as you design your search for it. Bodily practices are working when there is instant gratification. An object perfectly fitting in the hand, I spin it, hold it, feel into it and move it around. There is constantly something happening in there, grounding, not allowing to lose the connection with the body.

Take a walk in the city in search of the immediate. Where does feedback come from, is it only from people, or do buildings also have the capacity to bump into you? Now, looking only up, what is above, is there above in the city, or is it only on this side or the other? Push the left further away from the right. Does it move or is the concrete too strong? Relying on the weight of the vertical axis of the space, how much can you bend your body and still not fear falling?

Disobey left and right, perceive the roofs of the buildings to be attached to the sky, and take them upside down. What moves around your body while standing on the street is reduced to a natural environment implemented in form of trees, flowers, and birds flying over. Continue walking recognising the shapes that have the capability of movement, move with them.

Shaking. Relieving the tension, feeling into it.
Reactivate the skin layers.
Spirals. Endless movement.
Dropping the weight of the hands.
Thick movements.
Hard movement.
Soft movement.

Navigate your walk by collecting objects that fit into your hand, aim from lightest to heaviest. On a square, put them all next to each other. Objects create a world in their own world, as a garden they become a heterotopia of objects resonating with their presence, with their weight, past, present, and future. Choosing to access and use the differential potentiality of objects can develop as a personal quality where imagination and experience lead to progression.

Pick an object in front, how does it make you feel? Does it affect not only tactility or visibility but also other senses? Can you sense the presence of systems through logos, text, messages, designs if present? What does its shape evoke? Evoke heightened sensitivity towards the surroundings. Do you wish to engage your energy with it, subconsciously or consciously, is there enough mind space for these bodies? Do you fight the memories arising from experiencing? How do you access past or future, can you feel it in your body? Presence is related to resonance. Constant gratification.

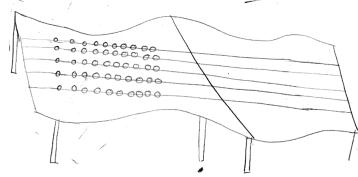Sensory body: from self to community   *Dora*   *Rethinking urban movement through the frame of radical psychiatry*
ACTING & INTERACTING STAGE   *Pamljak*

Series of target games to promote physical activity and social interaction
ACTING & INTERACTING STAGE

Presence is constantly gratifying, everything you do evokes a reaction, feedback. Looking around the city is a dense action where you are unable to decide what you will face within the reach of the next step. The floor bounces back at you, the wall in front makes you change your route, a traffic sign notifies you to stop and wait. Information, infographics, emotions, people take your energy and expect consciousness, presence in the space. Like a sign, without content prescribed, it is just a scribble on the surface. Energy attracts energy, one exhausts the other in a loop of existence.

Falling into gravity. How to acknowledge your own weight but not be heavy. How to view weight outside of social construct. Finding quality in your own weight is fundamentally important. In dance, when you feel someone's full weight you feel supported, feel the possibility of relying on the other. *weight means more, energy, play.*

Press, push, move, allow yourself to feel the heaviness of the other body, object, a person laying on you. Perceiving sizes. Walking is now transformed into a practice of touching and interacting with the city through heaviness of its information and stimuli. Play with it, bounce back and forth. When ungrounded, collect an object and feel it, how does it connect to your body, to the large, to the small? Taking initiative in learning how to navigate a city. Don't feel guilty when you are unable to fight the stimuli, observe or compare, you are a part of a larger system with heterotopia available in the hand.

The river. Industry vs Inferiority.

Imagine you are laying in river water surrounding every edge of your body. The light is shimmering on the surface and when you look beneath, your attention follows the diffraction of light. You perceive the sense of depth, the verticality of line, the horizontality of river flow. One penetrates into the other. The materiality of water materializes light as a line, a shape to follow.

Allowing yourself to rely on and open with the other allows for taking risks. Intensity sometimes compromises trust. To fully feel and connect allows for genuine connection and the emergence of trust where you know you are able to be held. Committing to resonance forms thick connections allowing you to fully reach your potential.

Moving in the city imposes moving together with other people, or opposed to them. Observe how you touch. There is a lot of conventionality in touch, it lacks imagination and curiosity. It becomes a series of actions and reactions. In moments of conventional touch, it is not you as a person that is being touched, it is a normative touch conveying a certain meaning. Question meaning.

To move intuitively requires an understanding of personal principles and desires as intuition can be influenced and manipulated by external systems. All senses are being touched.

Wondering what the other feels is empathetic. Practice empathy. Sit in a calm zero space. Observe the other in the space, imagine how their body feels. Memorise the gestures and mimc. Shapeshifting. Adapting. A conversation with the other can become a journey of memorising and imitating. Imitate to understand the difference between your body and the body of other, the ability to stretch a hand in a certain manner. You can never accomplish the same movement.

Witnessing and being witnessed without pre-projections and judgments, without touch, opens the potentiality of exploring oneself fully.

"To come into contact with the body is a journey. Dancing is for me an opening where I would put all the responsibility into any bodily interest. My boundaries aren't fully awake, but in dance they are distinct. While I am dancing I know exactly what kind of touch I want, what kind of touch I don't want, how different types of touches feel like, and whether is there desire, do I need to draw a boundary then? It is a space where I could explore a lot of things with the use of my body. When I started engaging with a more intuitive form of dance, the mind switched off, entering a prolonged state of flow where there is no space for the mind, but only body and information that has to be tracked through its movement."[44] ✹

If something appears in the field of your awareness, you have the ability to hold it. Things that you can't hold do not surface. Being, curiosity, not trying to accommodate, creates space for subjectivity. Understanding that there is something to find is a progression that takes shape through experiencing and learning. It becomes a practice of exploring the disposition of own body and its boundaries. Recognizing the comfort of the body becomes possible through familiarising practices of body embodiment where the relationship with the own body, with the space, is possible to be expanded once a new practice is introduced. It is a manner of choosing to distribute the rocks in a river flow in order to support your back and breathe in.

Tree trunk. Identity vs Role Confusion.

Another person moves your limbs, moves your body.[45] ✹ It allows for the rise of curiosity about the other body and introduces movement into the other. It is like sinking into the body, surrendering to the other. Being able to give and receive, how does it feel? The quality of touch is removed from expectations, desires, future.. the touch is reduced to its purest form. Feeling that there is not anything needed from you becomes bliss. It allows for awareness of restrictions around moving in presence of other bodies.

How does it feel when a person doesn't want to be touched? How does it feel when I don't want to be touched? Experiencing different types of touch enables the capacity of perceiving subtle sensations. Sensing own body allows becoming more sensitive, to practice empathy. This can evoke emotional reactions as other allows us to enter the sub-space of body awareness. It is a conversation with the other.

Witnessing the other means being in the presence of the other, working with own curiosity towards the other body. An honest touch, curious about the other's body allows for full perception and de-systematization of touch. Touch is highly political, a space of control and security.

To be touched or moved in a way you don't know is scary. It can become dangerous, it depends on how the other is reading us. Wrapping arms in a form of a hug differs on who the other is, it is a gesture representing closeness, allowing for the other to come closer to your personal space. A hug can become a tool for giving this message when the

(Things you cannot hold do not surface. If something appears in the field of your awareness, you have the ability to hold it. (40, 45).

SYSTEM → a tool for subjective navigating of the everyday space and sml.

emotion is not shared between the body and the mind. Vibrance. Energy. Understanding how to touch the other is understanding how our own body exists, and what energy, message, and connection to the mind it holds.

Can we touch honestly in the sense of translating the mind into a movement affecting the other?

Enter your body through smell, exchange the smell and sense it on your skin. How does the skin create a different smell on a different spot? Play with a smell, let it wear off, and change it up. Confuse the other and be vibrant, the smell is small but powerful. Understand how you change with your smell, does it make you feel more powerful or heavy? Do you feel like the smell of your body is taking up too much space, where does it become just enough? Perception is subjective, it shifts in relation to the observer and the context.

Existing and showing yourself in the other system, in the acknowledged body can help understand and improve being in the larger system as you exchange your own patterns with the existing ones. Awareness of systems and their presence can become a tool for navigating the spaces of everyday life. Systems are empty. They are there to create spaces and provide security and safety for the emergence of play. To disrupt is to decide to do so. To have a choice of accessing space in a felt-body manner allows for harmony and understanding of individual systematic roles.

In a pile of dancers, you touch one person and feel something different. It forms a deep connection, your body is acknowledged. To question the systems means to question the prescribed suggestions of movement where the formation of deep connection through bodily presence is not possible. Movement based on the normative translation of ideas and concepts of what specific order of action means. To move with the body is to research.

Flow. Intimacy vs. Isolation

Finding points of contact with surfaces surrounding the body, sitting becomes an activity where you intentionally use the force of your body, you intentionally exist in the space, not just fall into it, you become present, sensing existence it becomes a collaboration between your strength and gravity. Taking off the shoes, you ground, surrender to gravity. Laying on the floor, I imagine I am sand, and I leak, submerge, and give into the feeling of sand being pulled by gravity.

Observe the cityscape looking for the most solidified object. Exchange roles with it, imitate it, become the wall across you or a rock on the ground. Commit to your position. Grounding allows you to feel present. Grounding allows for removing ourselves fully from our minds, reminding us that we are also a physical form. Still, the body is an open space with immense reverb. Sound can inspire and manipulate the way we move.

Be still in silence and familiarise yourself with your surroundings. Now, close the eyes and listen, what do you hear? Imagine what is making a sound you hear, is it the child in the red jacket crying, or is another child approaching, something falls on the ground, can you recall what could have lost its stability? Be still and imagine, do you feel afraid? You live in the past and resonate with it while a whole new world is alive in front of your closed eyes. Predict the future with your body, try to resonate with the sounds around you by allowing your body to create sound. Turn your tongue, smack your lips, hit your chest, resonate these sounds with what you hear, try to tune into the environment. Now you live in the present.
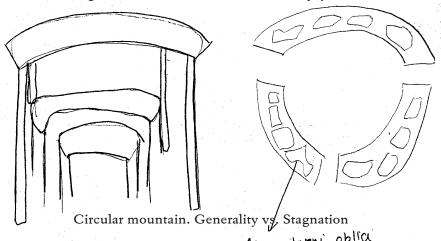
The present is intense. Reality is intense. The future or the past is not intense, simply because they are not here. Mind space is extreme space. It is unbound, endless, wild. In it there are no rules, making it impossible to surrender. It can become playful, energised as nothing can ground you. However, experiencing the present calls for different engagement with reality.

47   Deleuze, G. and Guattari, F. (2013) *A Thousand Plateaus: Capitalism and Schizophrenia.* Bloomsbury Academic.

46   Johnson, M. (1990) *The Body in the Mind: The Bodily Basis of Meaning, Imagination, and Reason.* 1st edn. University of Chicago Press.

Presence gives you an idea of agency, for example holding a rock in your hands. It is within the boundary of the body allowing the focus to be directed toward the being itself. It does not propose any future unless you as a body engages with it. How can you place this rock into the future or the past? If thrown, the rock hits a surface creating a sound. Immediate feedback of two surfaces hit each other. You are able to predict, play with the outcome until the exchange you are welcome to wonder. Swap the sound of falling leaves for the sound of falling rocks. Deterritorialise the sound from its physical form.

Stol cirkularni oblik / visinske razlike

Circular mountain. Generality vs. Stagnation

puzle → dnevni oblici

To go with the feeling of the body always is not ideal. There is always a choice, allowing you to connect to your instincts, but understanding that there is a possibility for choosing how you wish to engage with the space. There is some kind of innocence in the body movement enabling it to rise above a form of escapism. You can always lean into the movement and feel a deep connection to yourself.

Image schemas are *"recurrent patterns in perceptual-motor experience that derive from our bodily interaction with the physical world."*[46] A cycle schema entails events that are repetitious or a series, which have a starting point; a progression that does not backtrack; or a return to the prior state. Examples involve days, weeks, years, sleeping and waking, breathing, circulation.

Ask a friend to meet you at your house. Tell them you would like to go to your favourite park for a walk. Side by side, let go of directing, trust the other and understand how they move from the same point towards the goal. How is their path different from yours? Collect an object from the place you haven't seen on your usual walk in the same direction. Repeatedly doing this exercise will build an a-topic, a collection of tools, a collection where otherness can have no place in any symbolic order. Use collected objects to visualise routes, are you able to take them yourself? This is a task of mapping, not of retracing.

"What distinguishes the map from the tracing is that it is entirely oriented toward an experimentation in contact with the real."[47] You are unlearning your spiral.

Confinement of the body is related to public spaces. Navigating is reduced to matching patterns and jumping from one to the other. There is so much space in between, but to lose control induces fear in other people as unexpected movements can occur, unexpected situations. Acknowledging movement is already disruptive, political. It allows us to see a different way, to connect, find our own systems, our own patterns. It allows us to reimagine parts of the puzzle.

Sensory body: from self to community
ACTING & INTERACTING STAGE

Dora
Ramljak

Rethinking urban movement through the frame of radical psychiatry

Provides strong sensory input from internal senses to help improve body awareness,
feeling of self-control and organization

SENSING STAGE 5

IV

Daphnea. Integrity vs Despair

Walking through your city, search for reflective surfaces. A window, a pond, a phone, a mirror, the floor. Look for your reflection in them. Be still, then move one body part in a circular manner, circle your hips for example. Observe the movement in the reflection. Where do you feel your body, in its physical form, in the reflection, or in between? Move every part of the body until you are sure that you have moved everything.

What you will realise that you have no agency over certain parts of your body, they are simply unmovable, or they move by themselves. Observe their rhythm of movement, if possible, understand what makes them move. For example, observe your eyelashes, they don't seem to be moving unless the whole eyelid is moving. Is this true? Of course, they are, but on a level invisible to us.

Knowledge lives everywhere from plants to animals to all artificial phenomena. Respect their level and understand the movement in their speed. You are grasping the extensivity of your body and its connections. Instead of wondering and acting, just observe and notice.

Finding a living organism, an ant, for example, observe how it navigates in space. How to reimagine ways of being, ways of imagining? Notice the body of that animal, how does a leg movement reflect in the whole body? How does it enable the animal to move in what we immediately connect to the quality of that species? Why do we standardise the movement, put it into boxes? Is our perception of life factual? How does this systematisation of movement and life replace its pure essence?

The result of knowledge, the result of science, for me is this question: why does the identification of laws of nature deregulate the relationship between human beings?[48] What would happen if we would approach ourselves as parts of nature and environment, as beings rather than roles? There are multiple paths to one such subject or theme. If we think of the body as a multiplicity of dancers, we will not have just one dancer, but 10,000 dancers.[49] Movement is constant, continuous. A rhizome may be broken, or shattered at a given spot, but it will start up again on one of its old lines, or on new lines. You can never get rid of ants because they form an animal rhizome that can rebound time and again after most of it has been destroyed.[50] Even if the eyes are the only things left working, then the eyes will become the dancer.

Become a reflecting surface, become an indicator genus showcasing the quality of the environment, remind it of what its essence is. Society becomes a theatre.

48
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✍ SENSING STAGE
Provides strong sensory input from internal senses
(vestibular, propriorelation, deep pressure touch)
to help improve body awareness, feeling of self-control and organisation
Ideas of collective care and introduce urban spaces as methods
of welcoming diversity, normalising disability

"*Any solidified system of socially operative signs, any crystallised convention, has indeed a self-referential dimension, like art. But any representation feeds back on the reality which it has represented, it changes that reality. Abstraction is reality's phantom limb. Any concept, even a concept-artwork, which could be a specific mode of structuring perception, is like a tool, which added to the body, can interact with the world beyond the claustrophobia of immediate perception (constructed biologically as well as culturally).*"[51]

I have never made a wooden table. Passively observing the tables around you gives an idea of what is possible, and what the outcome can be. To tame the wood however is difficult as it resists change, but machines make it deviate from its original form. Let's make a wooden table together.

First what is needed is a drawing with specified measurements of the legs, their width, and length, how many are needed, two, three, or four? Now the base, what shape should it be, round, rectangular, curved? At which angle should the legs be attached to the base? Now the wood, a hard or soft one, oak or birch, how thick is it, and in what shape does it come in your hands?

Cutting the rectangular plate in a circular shape as a base, gluing two together as the plate of chosen birch was not thick enough for a stable base. Now the legs, 90 cm high seems comfortable. Cutting the large plank into 90 cm pieces, three of them, taming them so the top is becoming wider as the leg meets the floor. I find resistance. Cutting requires observing where and how the wood is cut previously, to avoid any weak spots. When all is prepared, grind the edges so they are smooth to the touch, and consider binding options. I found that what precedes balance is creating a point of tension between all three sides, distributing the gravity in equal points.

The wood kept resisting and I didn't know how to tame it, so unlike me, I would walk away and reflect, what can I do differently, how can I make it work, how do I give it its initial use? I never used to walk away, stubbornly banging one leg into the base, but I saw I didn't end anywhere. I asked for help from those who had more experience. I got more clarity but had to take time away, to observe passively more and draw once again.

Creating this table became a research of wood as a matter to be respected, a knowledge I do not possess but wish to expand towards. It became a matter of learning to stop myself and create a boundary, to stop making something work, and first observe its natural potentiality. It opened me towards respect for my own boundaries, and the boundary of that wood I was shaping into a use.

To write about radical psychiatry and propose a change in dialogue around care is difficult from the position of an artist as it carries prejudgment. When starting to write, I asked myself, how did I end up in this role, why do I create, and where I see the future in what I make. Creating is rooted in understanding the discrepancy between what I needed while I was experiencing something I was unaware of and the knowledge I received about it from my environment.

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As creating a table, understanding the frame of radical psychiatry calls for drawing the base in order to understand why the adjective radical is even there. Is the care and approach towards care seen in examples of Sonolet, Basaglia or CERFI that radical? To treat institutions as a part of society, to treat the ill as humans who deserve life and human rights, to ensure a better quality of life rather than a mellow fairytale of lower-class struggles for pure survival. Treating people as people rather than capitalist products with labels on them requires the extermination of care as a reproduction tool and the establishment of care as a conscious and primary moral obligation of a conscious citizen.

Institutionalized dysfunction is a reflection of societal complexity in which the tools started becoming the obstacles, where cities became places of condensing and de-naturalizing bodies. A table lacks stability as the legs are not fitting at the right angle, they cannot support the weight of the base. To radicalise is to reverse and reflect, to look at the table, its legs, the base, and the connection between them. To understand that without the base the legs aren't supporting anything, the body that is deprived of its essential need for nurture, socialisation, emotional and physical well-being cannot be supported by institutions adequately.

Through conversations with medical workers and artists, I reflected upon the current state of care provisions, ranging from institutional care to self-care. The dialogues show sensibility and understanding that a shift in healthcare towards the re-humanization of the ill is needed. It requires unlearning, a slowness of living where potentiality is untied to a structure and quantitative qualities. To perceive potentiality in oneself is a path to opening the potentiality in the other. A path from curing the closed narrative to caring about the whole story.

Many people don't think of illness or ability until they come in contact with it. It is undesirable as it has no purpose, it has no way of progressing positively. Illness is a potentiality that comes with having a body and no one is immune to it. This is humbling. When losing the sense of body is acknowledged, it takes reassembling the table and putting it up again, to remind yourself of the texture, direction, and thickness you possess, all the elements that provided you with stability. The city is the playground of radically exploring humanity, the body is the vessel.

Art is a shared tool that can shapeshift and find its purpose in all social spheres. I see myself as a provider of tools, a provider of space and time that bends together with what is present. I approached this research as a patient and an artist, with the constant fear of subjectivity. *"The dialogic approach suggests that most of the really important action takes place somewhere in between: in conversation or deliberation."*[52] In-betweenness allowed for shapeshifting between the roles, with ensuring responsibility towards myself as a patient as well as to those I encountered on my journey. I took myself as a base and attached the legs to hold me stable on the ground.

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