Bio-medical *Topoi* – the dominance of space, the recalcitrance of place, and the making of persons

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I. Ideas and images of space and place are ubiquitous in the contemporary social sciences and humanities. The essays collected here provide testimony to both the variety of forms in which those ideas and images appear, as well as to their theoretical, analytical and descriptive importance. To my mind, however, there are three themes that appear especially striking in these essays. The first concerns the apparent dominance, within many areas of contemporary bio-medical discourse and practice, of what may be understood as a certain set of 'spatial' rhetorics, ways of thinking, and modes of organisation. This 'dominance of space' (which is certainly not restricted to the bio-medical alone) is to be seen in a range of forms, but is perhaps most often expressed in an emphasis on quantitative calculation over qualitative 'judgment', on formal process over concrete practice, on the global and international over the local and proximate. Closely related to this is the second of the three themes on which I intend to focus – what I shall refer to as the 'recalcitrance' of place. Space and place are closely bound together, and thus the appearance of the spatial, even when this involves the apparent assertion of the dominance of space, inevitably brings into view the topographical, the localised, the 'placed'. In this respect, place seems always to resist the imposition of any purely 'spatial' logic and constantly to re-assert itself. The third theme that runs through these essays concerns the making of persons through place and, more particularly, the way in which human persons are determined in their character as persons, or, indeed, as non-persons, through the institutional places in which they are located. Thus the prison, the home, and the hospital each determine a different way in which human persons can appear – a different mode in which they can be. These three themes are present, to varying degrees and in different forms, as central ideas in each of the seven essays contained here; they bring to the fore issues that lie at the intersection of health and place, but which also have a much wider relevance. It is these themes that shall be the central points of focus for my commentary.

II. If it is indeed the intersection of place and health that is our primary interest, then it is worth making note of an interesting geographical bias in all the essays contained here: with perhaps one exception (the essay by Sara Shostak), all attend to the way in which issues of place and health intersect within certain particular political-geographical 'places', namely, the United States and, in one case, New Zealand – more broadly, within those Western countries that share a predominantly English-speaking history. This bias is understandable, and should not be viewed as problematic, but it is something we should explicitly recognise. It is important, not merely because it behoves us, in a volume concerned with place, to acknowledge the placed character of our own reflections, but also because of the way in which so much of the world has come to be determined by what happens in these places, and particularly, what happens in the United States. This has become even more important an issue in recent times as we have come to see, in dramatic and tragic fashion, the way in which one country, no matter how large or powerful, can shut itself off from what lies beyond its borders. Moreover, the 'dominance of space' that I referred to as the first of the themes I wish to explore here is something that, while it is also present elsewhere, appears to have taken on a particularly powerful form in the English-speaking world.

The phenomenon that is at issue in terms of the 'dominance of space' is perhaps more commonly encountered in terms of such things as an emphasis on abstract notions of efficiency and flexibility in organisational structure and planning, a tendency to take, as the primary determinant of all social interactions, the abstract and rational decision-making of individual actors, and the prioritisation of certain quantitative indicators, often purely numerical or financial, in the measurement of social, economic or institutional well-being. All of these have been seen, of course, as hallmarks of the various forms of neo-liberalism that have been so dominant within both the public and private sectors over the last two decades. But even prior to the neo-liberal renaissance of the 1980s and 1990s, Weber had already identified a tendency towards 'rationalisation' as characteristic of modern liberal forms of government (Weber, 1976, 1991); Foucault described the rise of 'bio-power' – a mode of governmental operation directed at the management of entire populations through the accumulation and analysis of quantifiable information about those populations – as the determining feature of governmental practice over the last two centuries or so (Foucault, 1979a: 139ff; see also Foucault's discussions of governmentality, Foucault, 1979b, 1981); while Heidegger talked of the technological understanding that views everything as mere 'resource' as lying at

the very heart of modernity (Heidegger, 1977; see also Malpas and Wickham, 1997). What I have called the 'dominance' of space can thus be viewed as encompassing a quite widespread and long-standing set of developments over recent times, but apart from the fact that such developments would generally seem to ignore the local and the idiosyncratic in favour of the global and the universal, what, one may ask, have such developments to do with ideas of space or place as such? In what sense might such developments be understood in terms of the dominance of a specifically spatial logic?

At this point we need to consider the way in which 'modern' modes of thought and organisation, which is to say, those modes that have arisen over the last three to four centuries, and, particularly, the last one to two, have emerged in close conjunction with the development of a distinctive form of spatiality. The rise of space, and the obscuring of place that corresponds with that rise, is a story that Ed Casey has already set out in his book, The Fate of Place (Casey, 1997; see also Malpas, 1999: 25ff). The story Casey tells is one in which space has come to be understood in terms of homogenous, uniform extension, often articulated through the notion of the co-ordinate system or grid, and in which place has been reduced to the notion of simple location (often a mere 'point') or levelled-down 'site'. Although this conception of space has its origins in Greek thought, particularly in early atomistic thinking, it is with modern philosophers such as Galileo, Descartes, Leibniz, and later Newton, that it reaches its clearest formulation. Space is the neutral container, everywhere the same, in which bodies, and the elements of bodies, move and interact according to uniform geometrical and mathematical patterns. This modern view of the world is in stark contrast to the Aristotelian conception that preceded it: there the world was understood as made up of very different spaces and places, each of them finite in extent, and each containing very different sorts of entities whose behaviour was governed less by principles derived from geometry or mathematics, than by notions taken from human affairs and the observation of living things.

Moreover, the changed view of space and place that came with the scientific revolution of the sixteenth and seventeenth centuries was not a mere consequence of the shift towards the modern 'scientific' view, but was crucial in making that shift possible. Thus, the change from Ptolemaic to Copernican thinking, and the move, as Koyré puts it from the 'closed world to the infinite universe' (Koyré, 1957) lay at the very heart of the new science that took matter and motion, quantity and number, extension and infinity as its determinative ideas. While space was itself understood, on this view, according to notions of

uniform, quantifiable extension, it also provided the necessary framework within which geometrical and mathematical principles could be applied universally. Even though contemporary physics understands space differently from the way in which it was viewed by Newton (notably in its shift away from Euclidean geometry and its adoption of a 'field' or 'continuum' view), the crucial elements in the modern view of space that were decisive in underpinning the rise of modern science remain. Space is understood as that universal structure describable in terms of uniform, mathematical principles by means of which all other entities can be located. If space is now understood as necessarily conjoined with time, time itself is understood in a way that assimilates it to space – as another dimension of the so-called 'block universe' in which location can be plotted according to the axis of time as well as the axes of space. Henri Bergson famously talked of the modern tendency towards a 'spatialised' view of time (Bergson, 1910). But such spatialisation is merely indicative of the more widespread tendency to think of all things in the formal, quantifiable, uniform terms associated with the modern view of space. Thus Martin Heidegger argues, in Being and Time, that the modern, 'Cartesian' ontology of the world in which things are understood in terms of present-at-hand 'objects' of knowledge is based on an essentially spatialised mode of understanding (Heidegger, 1962: H59ff).

Significantly, such thinking has not been restricted to physics, but has entered almost every sphere of contemporary thought and practice. Indeed, wherever we find the idea that the world and the objects within it can be predicted, controlled or managed by means of uniform processes and quantifiable measures, we find the presence of an essentially spatialised mode of thought. Indeed, modern management techniques that look to formalised, standardised, explicitly formulated procedures as the foundation of good organisational structure and practice can themselves be seen to be descended from the essentially spatial conception of the world that arose with Galileo and Descartes – and much the same is true of the neo-liberal emphasis on narrowly defined economic indicators as measures of human well-being or the focus on purely budgetary considerations as the measure of overall institutional efficiency or success. Indeed, the broader historical, socio-political and ideological tendencies with which such ideas are also tied are themselves closely tied up with the rise of the particular mode of thinking that I have identified here. This is most famously, and perhaps explicitly, evident in the Hobbesian attempt to develop a science of society based on the same principles as Cartesian physics, as well as in the market-oriented economic theories

developed by liberal Enlightenment thinkers such as Smith and Ricardo, but it is certainly not restricted to them alone. The rise of modern science, and its continued development in the present, is inextricably bound up with the rise of modern and contemporary modes of economic and social organisation. And all of these, as writers such as Henri Lefebvre (Lefebvre, 1991) and others make very clear, are bound up with the rise of the spatial.

Inasmuch as these essays explore the contemporary intersection of place and health, and as place, and the understanding of place, has itself been transformed by the spatialised view of the world that has become so important over the last four centuries or so, so it is not surprising to find that these essays testify, in one way or another, to the dominance of spatial modes of thought and organisation and the associated emphasis on the uniform, the calculable, and the formal.

The dominance of the spatial appears most often in the discussions here in terms of the impact of neo-liberal ideology on health service provision and practice. Robin Kearns, Ross Barnett and Daniel Newman provide one example of this. Their discussion charts the ideological shifts in the landscape of health care in Auckland, New Zealand, through a 'reading' of Ascot Private Hospital. The Ascot is a direct product of the familiar process of economic re-structuring – a matter not merely of changed funding and management structures, but also of a more explicitly market-driven approach to health service provision – that has taken place in the New Zealand health system over recent years. One effect of this re-structuring, especially evident in the case of Ascot, has been to draw health care operation, in both Australia and New Zealand, increasingly into a wider world of commercial activity and investment in a way that has led hospitals and health facilities to position and present themselves in ways reminiscent of the theme park, the shopping mall and the holiday resort – as sites of consumption rather than places of care. Carolyn Cartier also examines the effects of neo-liberal ideology as it is manifest in economic re-structuring, particularly in relation to changes in the location of health-service provision, but in her case the focus is on the effects of such re-structuring and 'place-switching' on the experiences of patients and their families, and on the way the re-organisation of health-care interacts with both the gendered character of 'caring' and changing age profile of patients. In Ruth Malone's exploration of shifts in nursing practice and hospital organisation, the shift towards a more 'spatialised' mode of operation is especially clear: the move from the 'proximal' to the 'distal' can be seen as exemplary of the shift from a 'placed' mode of operation, in which the emphasis is

on qualitative judgement, individual experience and focused interaction, to a spatial mode that is oriented towards a set of much more process-oriented, abstract and standardised procedures.

Sara Shostak's essay can be seen, in part, as of an exploration of the way in which the dominance of spatial modes of conceptualisation and organisation is apparent within the emerging discourses associated with genetic and genomic technologies. In these discourses, the notion of risk plays a central role. This notion, along with ideas of risk management and assessment, focuses attention, not on individual persons or places, but on aggregations of individuals spread over a range of locations. While talk of risk is sometimes used, as Shostak points out, to emphasise the idea that it is individual persons or communities that are 'at risk', such talk nevertheless appropriates a conceptual framework that can properly apply only at the level of the population. We certainly can talk of 'putting' something or someone 'at risk', we can also 'take risks', or 'risk' harm or loss, and we can also experience the 'riskiness' of an attempt or endeavour, but these seem to be slightly different conceptions of risk to that which is associated with actuarial calculation or the assessment of bio-medical hazard (they certainly connect risk more directly with notions of responsibility). Indeed, confusion between these senses often gives rise to outrage as individuals and communities see the introduction of estimates of 'risk' as directly implying a willingness on the part of some to gamble the well-being of others in return for potential gain. Assessments of risk are thus quite commonly misunderstood and applied in ways that misrepresent the situation as it relates to particular individuals or communities. This is true both of those who wish to use such notions in defence of particular individuals or communities as well as by those against whom such defences are often mounted. Properly understood, risk tells us very little about individuals (which is why risk analysis is often disparaged on the grounds that it tells us almost nothing about any particular case while also failing to illuminate the underlying causal mechanisms that are operative in those cases), but this is in the very nature of risk inasmuch as it provides information only on incidence across a range of instances.

Shostak argues that the conceptual frameworks that have arisen in relation to genetic and genomic technologies, while they can and do give rise to reductionist and deterministic tendencies (both in looking outward to the environment and inward to the gene), and can also be used to shift responsibility from institutions to individuals, nevertheless open up the possibility for an understanding of pathogenesis that will indeed allow the placed character of disease, and of the subjects of disease, to come to the fore. In this

respect, it seems that these new technologies can be viewed as having the potential to enable us better to analyse and understand the proper situatedness of human bodies in their wider environment and better articulate their embeddedness in that environment. But this will indeed depend on modes of analysis that do not see the individual as merely that in which gene and environment somehow meet – as if the place of interaction that is the body were to be obscured beneath the interaction as such, as if the body, or that part of the body that is interposed between environment and gene, were to be construed as a mere crossing-point. There is thus always the potential, even where we look to re-establish the placed character of human activity and involvement, for such placement to be displaced and obscured by the spatial and the dispersed.

The dominance of space is not evident merely within scientific discourse nor in the rise of neo-liberal ideology and the economic re-structuring associated with it. The prison environment described by Nancy Stoller provides a concrete example of the disciplining effects of spatial structure on individual human beings that, at least in its general outline, pre-dates the neo-liberal landscape of the Californian prison system (although the privatisation of prison management and operation certainly does seem to be a part of that landscape). Stoller's interest, of course, is in the effect of this spatial discipline upon the health of those subjected to it. It is notable, however, that the imposition of a regime of spatial confinement and restriction upon prisoners also restricts and limits the capacities of those charged with their care adequately to attend to the health of those prisoners. The prison is indeed an unhealthy place, and it is so, not merely because of the increased physical dangers it may present, but also because of the reduced capacity for care that it imposes. Here the spatial logic of the prison seems to dominate, both physically and representationally, over the placed character of the human lives that are confined within it.

Stoller's description of the unhealthy effects of the spatialised logic of the prison gives rise to a host of questions concerning the inhumanity of a system that takes possession of the life of an individual in such a way as to render her unable to look after her own health, while at the same time failing to provide any adequate system of alternative health care. Stoller does not explicitly take up the ethical issues that might be at stake here, but ethics, or more specifically, bioethics, does provide the background to Susan Kelly's discussion. As Kelly points out, the bioethical framework that has come to dominate discussions of ethical and moral decision-making within health and medical practice has tended to emphasise universal concepts of right and obligation, and to neglect the situated character of such decision-making as well as

the particularity of individual experience. In this respect, contemporary bioethics can itself be viewed as instantiating the application of a certain spatialised mode of thought to ethical discourse (more generally, the dominance of the spatial, even within the ethical, is strikingly demonstrated by the enormous influence of consequentialist and utilitarian thinking). The same bioethical framework that Kelly criticises also appears in the background of Sharon Kaufman's discussion, although there it is evident largely in terms of the often-present desire, on the part of both medical staff and the family members of patients, for a clear and determinate answer to the question of how to deal with long-term comatose patients. One might thus view Kaufman's essay, with its careful exploration of the situation of those 'uncommon persons' whose lives are apparently constituted almost entirely through the actions of those around them, as enabling a similar critique of the bioethical framework to that found in Kelly. What Kaufman shows is precisely the impossibility of addressing the issues at stake here in terms of any general set of procedures with standard, determinate outcomes.

The dominance of space can be seen, then, in a range of different discursive and organisational locations: from the private hospital, to the prison, from the bioethical to the genetic and genomic, from health policy and administration through to nursing management and practice. It may be thought, of course, that to refer to all of these as modes of 'spatialisation' is itself to impose a certain 'spatialised' and universalising framework. But the point here is not to reduce all of these modes of discursive and organisation structure to a single conceptual template, but rather to understand the way in which each can indeed be seen to draw on a set of closely interconnected ideas, structures, tropes and metaphors, as well as instantiating a similar set of impulses and desires. Thus we gain a better understanding of each of these forms of discursive and organisational structures, as well as their interconnection, while also gaining a glimpse of the larger landscape to which they contribute.

III. Although the dominance of the spatial is a phenomenon that can be observed, in a variety of different forms, across a wide range of domains, it would nevertheless be a mistake to treat such dominance as involving the disappearance of the local and the placed. Indeed, place never completely disappears and can be seen as always recalcitrant in the face of, or resistant to, the dominating ambitions of spatiality. Thus,

when we look to the essays contained here, we find, not only evidence for the dominance of spatial modes of representation and organisation, but also a persistent re-emergence of place.

The reading of Auckland's Ascot Hospital by Kearns, Barnett and Newman provides a good case in point exemplifying the recalcitrant character of place and its textual re-emergence in the midst of the rhetoric of spatiality. Although the background out of which the Ascot has arisen is one in which the logic of spatiality seems to dominate, and while the Ascot itself draws, in its own self-promotion, on ideas of the global and the international, the efficient and the technological, nevertheless, as Kearns, Barnett and Newman amply demonstrate, the Hospital's image has also been constructed around ideas of the monumental structure, the prestige location, the place of elite enjoyment and luxury. Shostak's discussion also begins by focussing on certain spatialising approaches within the discourses of genomic and genetic technologies both in terms of appeal to the notion of risk, as well as in the reductionism that looks either outward to the environment or inward to the gene in an effort to identify the primary determinant in pathogenesis. Shostak's claim, however, is that such approaches lose sight of the real place in which the influences of gene and environment interact and are realised, namely, the individual body. To the extent that this place is indeed overlooked or misinterpreted, the interaction between gene and environment remains contentious and problematic. The hope expressed by Shostak, as I noted above, is that the idea of gene-environment interaction will thus provide the 'place' in which the body as place can re-emerge.

Shostak's discussion focuses on the representational modes operative within contemporary genomics and genetics and the primary material on which her analysis focuses is the contemporary geneomic and genetic literature. One might say, then, that the tension between space and place here takes on a textual or representational form, and similarly, in the case of the Ascot, the re-emergence of place is textual, representational or rhetorical. The recalcitrance of place – its persistence in the face of the dominance of spatiality – is certainly not, however, a textual, representational or rhetorical phenomenon alone. Indeed, it is almost always mistaken to view representations or texts as somehow dissociated from concrete structures or modes of activity – not only does the production of representations and texts constitute a form of action that connects up with other forms of action, but they also provide an articulation and expression of action as it is played out in such other forms. In this respect, it would be useful to augment the analyses of Kearns, Barnett and Newman, as well as of Shostak, with analyses that would look

at the way in which the textual features they identify relate to other such modes of action within the private hospital or research laboratory, and their spatial and topographical configuration. Moreover, while those sorts of augmented analyses are not provided by Shostak nor by Kearns, Barnett and Newman, others among the essays contained here do provide analyses of modes of action besides the textual and discursive. Indeed, the recalcitrance of place that is evident representationally and rhetorically in Shostak and in Kearns, Barnett and Newman, is itself clearly evident in other forms elsewhere.

In one way or another, in virtually all of the essays contained here, the recalcitrance of place takes centre stage as place constantly appears to disrupt or disturb spatial forms and modes. Thus we find Cartier exploring the way in which place – here present in a variety of ways, but most importantly perhaps, in the way changes in the location of health care facilities have an impact on the experiences of individuals – presents a problem for attempts to develop more de-centralised, and presumably more cost-efficient, means of health care delivery. In focussing on the proximal character of traditional nursing practice, and the deficiencies that arise from the distal practices that have now come increasingly to be adopted, Malone can also be seen as drawing attention to the constancy and inevitability of place in human lives, and to the difficulties that ensue when place is neglected or ignored. Since all human life, and with it human illness and suffering, is essentially lived in place, so any attempt to engage with human life that ignores its placed character will inevitably fail, to some degree or another, in that engagement. In similar fashion, Susan Kelly's discussion demonstrates how the universalist tropes of bioethical discourse fail adequately to deal with the experiences, and the problems, that emerge in health care in many rural communities. Here it is indeed the case that place, especially rural place, resists the reduction to a purely spatial – that is an abstract and universal – framework. Indeed, one may be tempted to say that in this respect, the tendency in bioethics to look to the abstract and the universal is precisely a tendency that is antithetical to the ethical demand that we attend to the concrete and the particular – a feature of ethics that Aristotle emphasised in distinguishing the practical wisdom (phronesis) that lies at the heart of ethics from the theoretical wisdom of science (episteme) (see Aristotle, 1925) and that Emmanuel Levinas takes up, in a different way, in his emphasis on the concrete face-to-face encounter as the proper, indeed the only, place in which the ethical relation can arise (see Levinas, 1969).

Discussion of the 'placed' character of the ethical and the moral raises an important issue, however, concerning the relation between the spatial and the placed and the impossibility of simply abandoning space in favour of place or vice versa. The tendency to construe ethical and moral discourse in terms of universal imperatives, judgements, rights or obligations, whether or not we view this tendency as problematic, nevertheless reflects an important element in such discourse, namely, its implicit commitment to attend to others in a way that does not improperly privilege oneself or one's own desires and preferences. Some philosophers have argued, in fact, that this represents an important reason for viewing consequentialist or utilitarian moral theories as more properly 'moral' or 'ethical' than non-consequentialist accounts, since only consequentialist accounts have the capacity, so it is argued, to provide us with accounts of the moral or ethical that prescind from the personal and the particular. Yet while moral and ethical life does indeed depend on the capacity to recognise the moral and ethical status of others (in Levinas, of course, this is more strongly captured in terms of the priority of the face-to-face ethical encounter as the encounter with the other), it also depends crucially on our own moral and ethical situatedness including our personal attachments and commitments (which is why the ethical encounter in Levinas is indeed an encounter of the face-to-face).

The nature of the moral or ethical situation is thus captured precisely in the way it encompasses both self and other – the way in which it encompasses the call of the other as that 'otherness' is present to us in the midst of our own situatedness. It is this that seems only poorly attended to (if at all) by the contemporary bio-ethical framework – geared, as it often is, to administrative and policy considerations and to an approach that takes the rational individual, detached from social, cultural (and therefore ethical) circumstance, as the basic unit. Put in terms of the language of space and place, the ethical or moral life cannot be framed in solely spatial terms without losing the essentially ethical or moral character of that life (something that Kelly's and Kaufman's accounts amply demonstrates – as does Malone's also). But the placed character of moral or ethical life should not be seen as implying the exclusion of the spatial. Moral or ethical life always requires an ability to look beyond our own place to other such places, to take account of different ethical and moral situations, and to navigate and negotiate between them. In this respect, the spatial frame that opens out from our own place to other places and other persons nevertheless has to be seen as a part of that place in which we ourselves are. This does not mean that there is no place for

universal principles in the moral or ethical life, but while that life may indeed be described as 'principled', it cannot be understood as constituted by such principles.

When we talk of the dominance of space and the recalcitrance of place, it is easy to take this to mean that we are faced with two similar, yet counterposed elements in which one always strives to take precedence over the other. Thus, in the moral or ethical domain, we seem faced with a choice between universal, abstract principles and situated response. Yet as our brief consideration of the moral or ethical situation has just shown, space and place are not so easily contrasted, and one reason for this is that space itself comes to appearance only within, and from the perspective of, place. As I have argued elsewhere (see Malpas, 1999), to be in place is not merely to be oriented to a particular set of subjectively-presented features, but also to be oriented to the way in which those features relate to one another independently of one's own relation to them. More generally, then, any and every place encompasses both subjective and objective elements; not merely is space contained 'within' place, but any and every place opens out into broader spaces. If we are to understand the nature of place, then we cannot afford to sever it from space, but equally, if we are to understand space, we also need to understand the way in which it arises in and out of place. There are no pure spaces – whether talk of the abstract organisational space of the hospital or prison management system or the quantified space of risk analysis and assessment, every space arises out of certain places and the activities focused around them; every space always has its own places associated with it; every space is grasped and articulated only in and from particular places.

The dominance of space thus refers to the tendency, across a wide range of domains, for space to assert itself in a way that not only obscures and conceals place, but also obscures and conceals the placed character of space itself. Spatial modes of analysis – that is, modes of analysis that look to the 'objective' and the uniform, the abstract and the formal – need not be problematic in themselves. Indeed, they are essential if we are to understand the world around us and to act effectively in that world (imagine trying to travel from one place to another without any appeal to that mode of spatial representation that is given in the form of the map). But those spatial modes always have to be 'made flesh', as it were, by being related back to particular bodies, situations, and places. The 'recalcitrance' of place refers to the way in which the spatial must always be 'placed' in this way, even though it often refuses to recognise or acknowledge this.

The placed character of the spatial has a further consequence that should briefly be noted. It is sometimes argued that, while there is a tendency to see a shift towards what I have presented as a more 'spatialised' mode of action and organisation in many areas of contemporary life, this is actually quite mistaken -- indeed, where the spatialisation at issue here is construed, as in Malone's discussion, in terms of a emphasis on the distal, the abstract and the formal, closer analysis is said to reveal contemporary practices to be just as dependent on concrete and proximal engagement as in the past (see especially Boden and Molotch, 1994). But if what I have said about the placed character of the spatial is correct, then we should not expect that the dominance of spatial modes will imply a simple shift away from placed (and so proximal and concrete) modes of engagement tout court. All rhetorical, discursive and organisational practices are realised and enacted in particular places and situations. The dominance of the spatial will be evident, then, not in the subordination or disappearance of proximal modes of engagement, so much as in changes in the character of that proximity, and more particularly, in terms of what it is that is brought near and what is made distant. In this respect, the shift towards distal over proximal modes of engagement described by Malone is not a loss of proximity as such, so much as a shift in the focus (and so also the character) of the proximal modes of engagement of nursing practice: rather than the patient as felt and feeling body, or as moral agent, the focus is on the patient as 'client' or as subject of report or procedure; rather than the hospital as a place of care and healing, the focus is on the hospital as managerial system or business enterprise. The tension that is so acutely felt by many nurses is a direct consequence of the inevitable persistence of a different mode of proximal engagement, and so the persistence of a different focus for such engagement, even in the face of such shifts.

IV. Inasmuch as human being is essentially placed being (see Casey, 1996; Malpas, 1999), so it cannot cease to be placed without ceasing to be human. More generally, then, the dominance of space cannot imply a shift away from place in terms of the actual constitution of human being. Instead, it implies a change in the ways in which places, and the human inhabitants of those places, are themselves determined and represented. Often such changes in the mode of determination and representation give rise to 'resistance' on the part of those subject to such change – indeed, the 'recalcitrance' of place is probably

most often evident in terms of the resistance of individuals or communities to attempts at spatialised control, management or representation.

This is clearest in the essays by Kaufman and Stoller – although in quite contrasting ways. The uncommon persons and hidden places explored by Kaufman bring to light a mode of human existence – a mode of personhood – that most of us will find unfamiliar and challenging. What Kaufman's work shows is that personhood is not only constituted through the activity of the person themselves, but also through the activity of those around the person. Indeed, in the cases described by Kaufman, the personhood of the comatose individuals that are the focus of the account is constituted, first, by their own past activities and involvements, and, second, but perhaps more importantly in view of their current condition, by the activities of the family members and health professionals who care for and about them. Here a certain institutional and interpersonal context 'makes' persons out of individuals who are otherwise unable, or barely able, to constitute any form of personhood for themselves. Exactly the opposite seems to happen, however, in the cases described by Stoller. In the prison environment, individual human persons, whose identity as persons cannot be doubted, and who are manifestly capable, at least prior to their incarceration, of constituting and maintaining their own being as persons, are subjected to an institutional context that 'unmakes' their personhood, 'pacifying' them and stripping them even of their capacity to care adequately for their own health. While the long-term care facility makes possible uncommon modes of personhood, the prison facility disables the modes and aspects of personhood that are most common and familiar. In Stoller's account, the prison threatens to turn 'common' persons into near facsimiles of the 'uncommon' persons in Kaufman's discussion. Moreover, the institutional context of the prison, articulated through the physical separation of spaces by which the integral unity of the person is itself challenged and broken down, constrains even those who attempt to ameliorate the prisoner's plight. The prison space constrains the capacity of the prisoner to 'make' herself and of those around her to 'make' her also.

The making of persons through institutional context – that is, through institutional places and the spaces that are to be found therein – is also evident, of course, in other essays. Malone's is perhaps the most notable in this respect, since there we find descriptions of the way in which changed nursing practices, and the forms of organisation associated with them, are also accompanied by changes in the interaction with patients and so by changes in the way patients themselves appear as patients. The patient is present as

'patient', that is, as passive subject of procedure, report or 'condition', rather than as the embodied person whose needs and actions provoke care and response. Of course, the irony is that this shift towards a patient more removed from the immediate responsiveness of the nurse has also been accompanied by the shift implicit in the discussion of Kearns, Barnett and Newman towards the patient as customer or client. Here is another mode by which the patient is determined by the institutional setting in which she finds herself. Similar shifts are also implicit, of course, in the essays by Shostak (person as the subject of risk), Kelly (person as the abstract bearer of universal rights), and Cartier (person as health-care consumer).

Kaufman's description of the long-term care facility makes strikingly clear the impossibility of dealing with questions concerning the continuation of care for the persons in such facilities, notwithstanding their 'docility', by applying any standard rule or set of principles. In Stoller's account, however, we may feel that it is precisely the application of certain standard rules or principles, namely, basic principles of human rights and ethical obligation, which is shown to be necessary. Yet the prison environment described by Stoller is itself an outcome of the very desire for standardisation and rule as the basis for management, discipline and control. Indeed, this is vividly demonstrated in a building not far from my own home-city of Hobart – the 'New Model Prison' at Port Arthur in Southern Tasmania. Even more so than the prison environments described by Stoller, the New Model Prison transformed the mode of being of those incarcerated within its walls. Prisoners were prevented from seeing or communicating with one another, wearing masks when in company and even in chapel being seated in a complex arrangement (similar in design to Bentham's Panopticon) that meant each prisoner could be seen by the presiding chaplain, but no prisoner could see another (see Brand, 1989). The rationale behind the New Model Prison, as lay behind other prison reforms in the nineteenth and twentieth centuries (see the account of Pentonville Prison on which the New Model Prison at Port Arthur was based in Ignatieff, 1978), was to achieve a more 'humane' system of punishment not reliant on physical abuse, yet it exemplifies the inhumanity of the attempt to impose an almost rigidly spatialised system of discipline, management and control – a system that, as Ignaitieff points out, was also closely tied to developing forms of industrial organisation. There is no doubt that the appeal to universal rights and ethical principles can, and in many cases has, brought an end to oppressive and inhumane conditions and practices, but such rights and principles, and the appeal to them, can also perpetuate a mode of thinking and practice that can itself be

ethically and personally destructive. What seems missing from the institutional environment described by Stoller, and yet strangely present in the facilities that Kaufman brings to our attention, are precisely the conditions that enable properly human modes of being, that enable the construction and maintenance of places that allow for human modes of action and interaction.

V. Inasmuch as all human life and activity is essentially emplaced, so any investigation of the bio-medical aspects of human life and activity must pay attention to its placed character. Yet while we cannot afford to neglect place, either in our theoretical analyses or in our concrete practice, the fact is that in many cases we conceive of places or even construct them in ways that do not attend to their character as places, but instead treat them as if they were merely locations or sites within a spread-out, uniform, grid-like space. The dominance of space is thus operative in the forms of place that we inhabit and in ways that reflect certain narrow, often instrumental, aims and conceptions. Hence the appearance of the shopping mall and the theme park, the office building and the freeway. These are places transformed and constructed in ways that obscure their own 'placed' character (as well as the placed character of the spaces themselves) and that also, therefore, obscure the 'placed' character of the human lives that are lived in relation to them. In so doing, they also transform and construct those lives in problematic ways. As we have seen, however, the dominance of the spatial cannot properly be addressed through some simple reassertion of the placed as against the spatial. And the reason is simple: place is itself that out of which space comes and within which it is realised, while space is itself a necessary element in place. To suppose that one could replace the rhetorical and organisational forms associated with the spatial by forms fitted solely to the particular and the placed would be to misunderstand place as well as space. The question is not one of finding a way of moving back to place, as if we had somehow left it, but of finding ways to give proper recognition to the always emplaced character of human life and action – ways that would also enable us better to negotiate the impulses and desires that give rise to the dominance of the spatial and the transformations of place and person it brings with it. Perhaps, in some cases, this may involve finding new places better fitted to the changing biomedical landscape – new forms of the hospital, the health care centre, even of the prison – perhaps it will also mean reconfiguring the way those places are presented and represented. In this latter

respect, it may be that new modes of both popular and scholarly analysis and description will be necessary if we are truly to rethink the places and spaces of contemporary health and biomedical practice.

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