

The Hospital of Thinkable Boundaries

The Hospital of Thinkable Boundaries
Noetic methods in architecture

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ABSTRACT

From its conception, architecture has been intimately en-
tangled with health. To construct healthy cities, theories of
medicine were commonly used as a foundation to theories
of architecture. During the 20th century and the threat of tu-
berculosis, the modern movement rendered architecture as
a ‘curing machine.’ Characterized by its clean lines, deliber-
ately stripped from any ‘unnecessary’ fabrics and ornament,
the aesthetics of modern architecture was seen as a direct
response to the illness. The 21st century is determined by
the acceleration of neurological disorders. ‘Disorders’ rec-
ognized as depression, eating disorders and burnout syn-
drome, to name a few. If the search for health historical-
ly has produced novel architectures and aesthetics, what
are the architectures of neurological disease? This thesis
investigates how the diseased body responds to the mod-
ern ‘pathological’ configuration; how perceptions, emotions,
and relations affect such conditioning. In the quest to heal
a suffering body, this paper explores how an investigation
of mental healing might inform and shape new architectural
sensitivities. To what extent is architecture capable of do-
ing healing? What can be the architectures, landscapes,
and infrastructures for healing in the mental health crisis
of the 21st century? What methods, systems of knowledge
and modes of production can be derived and applied on this
topic going forward? Through written personal pieces fol-
lowed by and related to the reading of literary references in
philosophy, theory, and psychology, while positioning itself
in dialogue with practices, meanings and ideas learned from
non-western knowledge-contexts, this thesis investigates
how different cultures responds to the topic of health and
healing through the themes of perception, cognition and
consciousness.

Keywords:
New materialism, cognition, perception, healing, ritual, noetic
studies, mental health

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Noetic Methods
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The reduction of life to biological, vital processes makes life itself bare and strips it of all narrativity. It takes livingness from life, which is much more complex than simple vitality and health.

BEGINNINGS

The Body of Architecture

From its conception, architecture has been intimately related to medicine and health. For Vitruvius, who devoted a considerable part of his *De Architectura* to the topic of health, architecture was to mediate the ‘three attributes:’ *firmitas*, *utilitas* and *venustas* – solidity, usefulness and beauty.¹ The internal compositions of the body was to be reflected in the internal compositions of buildings. In order to construct ‘healthy cities,’ theories of medicine were commonly ‘used as a foundation to architectural theory,’ and conversely theories of architecture would inform medicine.²

During the 20th century and the omnipresent threat of tuberculosis, the modern movement revived the concept of the healthy city, rendering architecture as a ‘curing machine.’³ The aesthetics of Modern architecture, characterized by its clean lines and deliberately stripped from any ‘unnecessary’ fabrics and ornament, was a direct response to the prevalence of tuberculosis. This is the central argument of Beatriz Colomina’s book *X-Ray Architecture* (2019), where she posits that illness, more than new materials and technologies, is what modernized architecture.⁴ Rather than realizing ideas from architectural theories, modern architects took inspiration from doctors, nurses, and medical protocols. For instance, the elimination of ornament was to reduce any accumulation of dust, and the design of chairs would promote breathing.⁵ These guiding principles were not just adopted in medical spaces but became a model for everyday life - into the architecture of housing. The body of the architect became inseparable to ‘the patient’, and this was reflected in many architects works.⁶

Writing this, , we leave the COVID-19 pandemic behind, and even if it might feel like that right now, the 21st century is not determined by the pandemic; it is determined by the acceleration of neurological disorder.⁷ Even though the pandemic has increased the general prevalence of mental illness as well as its symptoms (anxiety

1 “Commodity, firmness, and delight: the ultimate synthesis,” Theory of Architecture, *Britannica*, last modified February 2nd, 2021, <https://www.britannica.com/topic/architecture/Commodity-firmness-and-delight-the-ultimate-synthesis>.

2 Beatriz Colomina, *X-Ray Architecture*, (Zürich: Lars Müller Publishers, 2019), 13-14.

3 Ibid., 90-93.

4 Drew Zeiba, “Architecture and illness: Beatriz Colomina on tuberculosis, modernism and Covid-19,” *PIN-UP* 28, Spring Summer 2020, <https://pinupmagazine.org/articles/interview-beatriz-colomina-x-ray-architecture-drew-zeiba>.

5 Colomina, *X-Ray Architecture*, 62-63.

6 During the competition of the tuberculosis Sanatorium in Kinkomaa in 1927, Alvar Aalto himself had been sick and ‘claimed that having to lie in bed for an extended period of time had been crucial to his understanding of the problem.’ Colomina, *X-Ray Architecture*, 65

7 Byung-Chul Han, *The Burnout Society*, (Stanford: Stanford University Press, 2015), 1.

disorders, depression, eating disorders and burnout syndrome, to name a few) the western society has experienced a surge in mental illness in the past 50 years. In *The Burnout Society* (2015), Byung-Chul Han holds that burnout syndrome is the very expression of an ‘exhausted, burn-out soul’, and an ‘impoverished attachment’ spurred by the contemporary imperative to achieve, and the ‘fragmentation and atomization of life in society.’⁸ or what he calls ‘the new commandment of late-modern labour society.’⁹ ‘Imperatives’ this thesis will set out to investigate. Because of the innate ‘interior’ aspect of psychological conditions, problems are harder to notice, harder to define and harder to treat. In general, these issues are characterized by ‘abnormal thoughts, perceptions, emotions, behaviours and social relations.’¹⁰ Despite the inflation of mental health problems in the last decades, Western science seems to struggle to find ways of bettering a suffering population. Here an outlook on alternative medicinal practices is helpful. Departing from personal encounters with shamanistic healing practices, this thesis will look at such non-western knowledge-traditions, where healing is not just considered medicinal but ritualized, ceremonial, temporal and collective.

Architects have historically been entangled in the design of health, and as we face the crisis of mass-mental-illness, Colomina urges architects to ‘wake up and do it again!’¹¹ If the search for health can produce novel architectures and aesthetics, what are the architectures of neurological disease? Shifting the focus from the Modern mind to the sentient body, this thesis investigates how the body reacts to the nature of mental illness that is perceptions, emotions, behaviours, and social relations. Exploring how, in the quest to heal a suffering body – which we know is inseparable from a suffering mind¹² – we may form new architectural sensitivities. To what extent is architecture capable of healing? And what can be the architectures, landscapes, and infrastructures for healing the neurological crisis in the 21st century?

8 Byung-Chul Han, *Burnout Society*, p 5

9 Ibid., 10.

10 “Mental Disorders,” *World Health Organization*, last modified November 28th, 2019, <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>.

11 Zeiba, “Architecture and illness: Beatriz Colomina on tuberculosis, modernism and Covid-19.”

12 See Antonio Damasio where he posits that the mind cannot be separated from the body, presented in his Somatic Marker Hypothesis. The mind is embedded in a network of bodily mechanisms, innately inseparable with its surroundings. Antonio R. Damasio, *Descartes’ Error: Emotion, Reason, and the Human Brain*, (New York: Avon Books, 1995), 248-250.

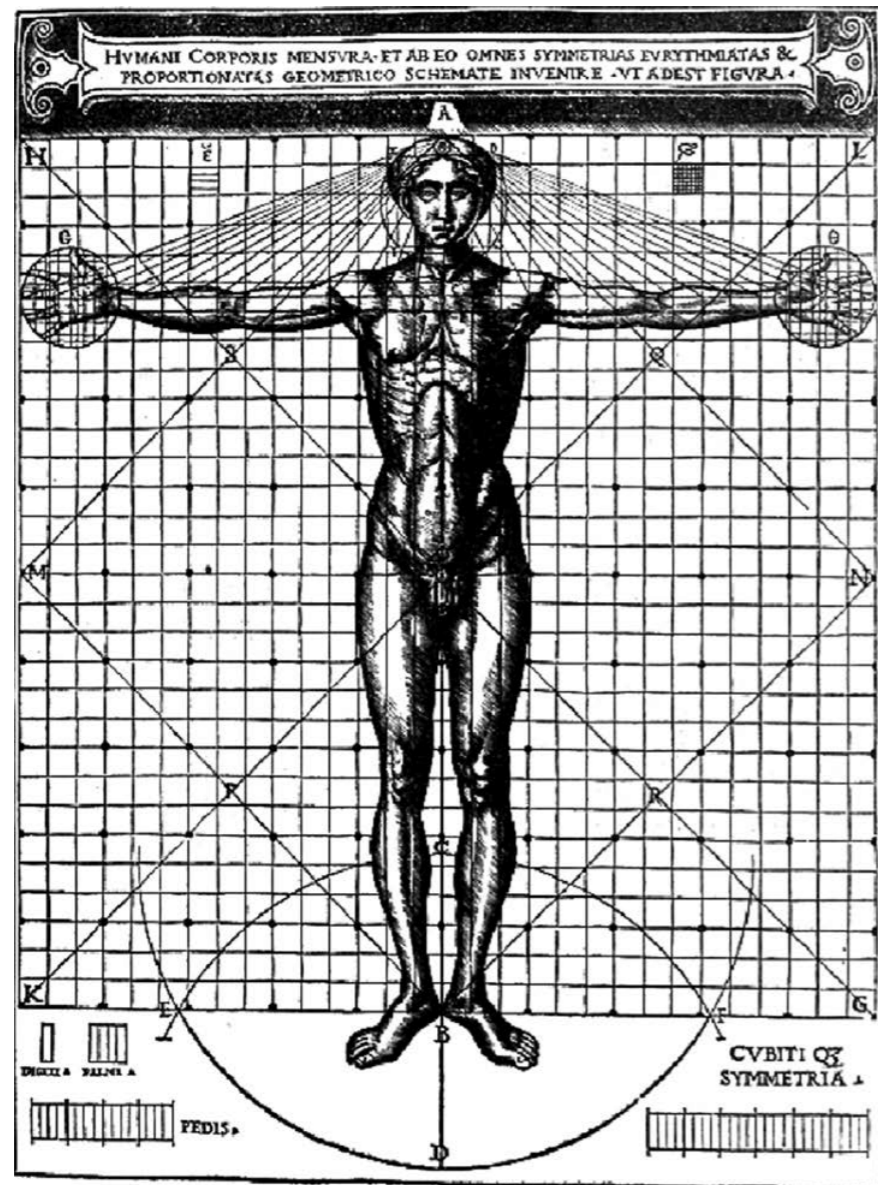


Figure 1. The human body as the measure of divine proportion, Cesare Cesariano's interpretation of the 'Vitruvian Man' from *De Architectura* c. 1521



Figure 2. George Tooker, *Landscape with Figures*, 1965-66. Egg tempera on gessoed panel.

I had been a good Cartesian.

APPROACH
The Architect and the Patient

What led me to pursue this project stems from my personal experience of healing. This journey started about ten years ago when I was on the road to recovering from eating disorders. I suffered with bulimia for several years starting in my young adolescence as my body – and mind – started changing. My self-esteem was wounded from mental abuse from my first real romantic relationship, and at the same time I felt neglected and forgotten in my large family of seven siblings in between a divorced family, even though I performed in school and other activities to perfection. In search for love and affection, I was the achievement subject embodied. The only way I felt that I could control this anxious heavy situation, was to restrain my eating and control my bodily appearance. I punished myself for not being thin enough, for not being pretty enough, for not being *enough*. Slowly I began believing the ideas that my punishing voice kept telling me - that I was not enough, that I was not worthy, that I didn't deserve happiness, love, and essentially that I didn't deserve *life*.

My experience with the Western medical system started that same day when the rest of my world found out about the disease. One day, during a sports lesson of my first year of high school, I fainted from fatigue and was taken to the hospital. I would never admit that I was sick, at least not at that point. It was just a procedure I was used to at that time, structures that I had developed over time to handle a constant tide of anxiety. After the day of fainting, I started going to regular meetings at the hospital for treatment. The meetings were mainly concerned with my bodily weight and my caloric intake. They said that in order to get well you first need to reach your 'normal' weight, which was calculated from a BMI sheet. After the first meeting I left the hospital with a list of calories that I should eat every day and a 'goal' weight that I was to reach for the next meeting the coming week, basically what I had been doing up to this moment but with different smart phone apps and endless diary lists. Every week I could observe every kilo I had manage to lose, which was very easy for me to keep track on considering the intrinsic list of calories and the weekly weigh-ins that my caregiver – the hospital – so fittingly provided me with. Each meeting looked the same. Me and my mother (or father, but usually my mother) sat down to wait outside the BUP-section,¹ a section of the hospital, which was located in the outskirts of the facilities, in a small reception area where other thin girls sat down and waited to be called with their

1 BUP stands for Barn- och Ungdomspsykiatri, which translates to Child and Adolescent psychiatry.

parents. We exchanged looks on each other. Sometimes I felt inspired, I could get a boost from seeing someone who was larger than me because this meant that I was succeeding. And sometimes I felt frightened. Frightened by the bones penetrating the skins of the pale bodies. Frightened by the translucent oxygen tubes entering their noses as they sat, lethargic but combative. They, just like me, were at war. My name was called, and I entered the heavy automatic safety doors with my mother. Leading us was my assigned caregiver, who ironically had the same name as my mother. She was a thin, petite woman. I remember being jealous of her bodily achievements. She never spoke to me directly but to my mother *about* me.

First, we proceeded with the weigh-in. This took place in a tiny wardrobe-like room. One of the walls was covered in cupboards, and on the gavel wall there hung a mirror in front of the main attraction – the scale. I took my shoes and stripped down to my underwear and stepped onto the scale – synchronously my biggest fear and desire – while my caregiver observed us from behind, making sure she could observe the numbers correctly. Every time I had lost weight she sighed disappointedly, probably louder than she thought, while the demons of my insides celebrated with an evil, joyful laughter. The battle between my illness and the rest of the world could successfully continue. I say illness because that is what an eating disorder is. It's scary how little is left of you. And it's even more frightening how fast it goes once it's rooted, and how little you are able to control the progression. In hindsight, this focus on measuring my body even more, resulted in the disease accelerating, making me considerably worse. Bulimia Nervosa developed to its more lethal sister, Anorexia Nervosa. *I*, however, continued to feel invisible as my being was further reduced to a number on the scale.

After the weigh-in, we continued into a carefully decorated therapy room where my mother was waiting nervously to receive the results. Each time the numbers were going in the wrong direction we got new instructions on how to adjust the caloric intake or make sure I followed the food schedule. This usually meant increasing the supervision during the meals (and in between meals) or restricting any freedom I had to move outside my house, to make sure I wasn't burning any calories, because clearly something was not working. My mother, who from the hospital's point of view, had failed to look after me, became the punching bag. Until this day I am deeply sorry that she had to take the painful responsibility of me during this time, because looking back, there was nothing she could do.



Figure 3. Akademiska Sjukhuset, the hospital where I was treated.

In Sweden, as in most Nordic and Western countries, what is depicted here is the standard procedure for intermediate-level eating disorder.² Unless the patient is severely ill, that is at a weight which puts the patient in fatal danger, the treatment predominantly takes place at home, with one of the parents as the main caregiver. For almost a year, my mother, without any training or insight into how to treat someone with an eating disorder, put her life on pause to take care of me. Along with a treatment of the anti-depressant Fluoxetine, I sporadically received individual CBT, Cognitive Behaviour Therapy and for a period I was able to join a semi-structured group therapy session with other patients. The latter was unfortunately very destructive as the main discussion points led to the patient group comparing different methods and tricks for losing weight.

Thankfully, my illness never reached the point where I had to be admitted. What in the end helped me towards the path of recovery, was a conversation with a friend of mine that had been in the same situation, even though I know she still struggles with the aftermaths of her condition. In my darkest moment of the disease, after a stressful Pizza-incident, I contemplated whether the life I that was living really was worth living, because after all, *I wasn't really living*. Each day was only 'accomplished' if the illness won. I had no voice. I felt misunderstood by my family. What started out as an attempt of attention and acknowledgment, had now gotten out of hand. It had developed to something that I couldn't control. This was also the first moment I truly understood that I was sick. This type of disease and rigid schedule means no flexibility. I was incredibly lonely because missing high school led to me losing most of my friendships. The disease had disconnected me from any social contexts, any joys, any normality. Every waken moment was about the illness, planning on what to eat and what to not eat, how to manipulate people around me into letting me skip a meal, how to detach myself further from any emotion or caretaking, how to get rid of anything in my life that wasn't serving the illness, and the demon on the inside was flourishing. Every day I was celebrated for being such an outstanding, submissive character. And at the same time, all I was left with was deep anxiety, destructive behaviours, perfected daily routines, total loneliness, and anger towards everyone 'on the outside'.

All I was left with was the illness itself. It had taken over. It had taken every bit of life. There I was. Laying in my childhood room, in the bed that I had painted myself a few

² "Clinical guidelines," Swedish Psychiatry Association, last modified May 2020, <http://www.svenskpsykiatri.se/wp-content/uploads/2020/05/SPF-kliniska-riktlinjer-%C3%84tst%C3%B6rningar.pdf>.

years earlier, contemplating to end my own life. Maybe it was for the better. I had destroyed everything, all relationships, all meanings, all life. Nobody would probably notice anyway. Who would even care if I was gone? The dialogue between the illness and the tiny part of me who was still healthy went on and on. Fortunately, for some magic reason, a part of me saw this as a crossroads. I had a choice, or rather, I had two choices. I could either end this life or start living another. The latter meant, quickly recognized by the part of me that was the illness, that I would have to start cooperating. For all *she* was, she was not in approval of this direction and would rather have seen me dead. The words of my friend echoed as I drifted into sleep, ‘only you can heal yourself’. The next day I woke up and the decision was made.

I was going to live.

From the moment I refer to as ‘rock bottom’ I was able to start my recovery. That is, I could slowly accept the weight increasing on the scale at the hospital. This wasn’t a straight path of course; it had a lot of setbacks and defeats, and fights and outbreaks, wars that was won and wars that was lost. But around one year after rock bottom, I reached my ‘normal weight’. From the hospital’s perspective, I was considered ‘cured’ and was discharged abruptly from the system. And there I was, alone again. ‘Evidently’ I was now ‘cured’, but was I feeling better? I had taken a huge leap towards healing with the slow acceptance of my weight, started with the defining realization that I wanted to live – but how to live? I had promised myself to never purge again because for me, that was a symbolic sign that the disease was still alive, but what other tools did I have?

If my experience of the medical system is representative, which recent journalism shows,³ it suggests that the possibilities for improving the experience for patients are vast. Global statistics reports that the ‘success-rate’ in curing or healing an eating disorder – and then only in the regard of reaching ‘normal’ weight – is around a third, ⁴leaving many incompletely treated and helpless to an often life-long suffering. This, I know something about.

The following years I struggled in silence with the disease. Rather than the typical signs of an eating disorder, like purging and weight loss, it was articulated as depressive disorder with long periods of dispiritedness and

3 A recent project between Baaam (a non-profit organization with feminist, antiracist and humane values) and SVT (Swedish public service television) investigates patients’ experiences of treatments of eating disorders at different hospitals in Sweden, among them the one where I was being treated. Source: <https://www.svt.se/nyheter/lokalt/uppsala/sandra-22-upplevde-sig-sjukare-av-att-vara-pa-akademiska>

4 Jon Arcelus, et al., “Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies,” *Archives of general psychiatry* 68, no 7 (2011): 724-31, <https://doi.org/10.1001/archgenpsychiatry.2011.74>.

discouragement. And even though I suffered, on a daily basis, episodes of anxiety and body dysmorphia, I had made a firm promise to myself to not ‘do something about it’. This was painful. Internally and externally, there was a monumental discrepancy. I wasn’t feeling a lot better, but from the external perspective of the system I was supposed to be cured. This created a lot of inner dialogue, confusion, and doubt. The disease was lurking in the dark corners of anxiety, waiting for me to crack. If I didn’t watch out, it might have pulled me back into its firm grip, into the shadows.

A few events accelerated my betterment – if only for shorter periods. Like falling in love or beginning architecture school. These events would raise feelings of connection, kinship and belonging, providing a sense of context. Anything that reduced my destructive thinking was a positive. The less space was given to the illness, the smaller it became. However, nothing is permanent, and I still struggled with destructive behaviour for many years, compensating for meals with exercise and fasting, punishing my body with self-loath. The never-ending problem of self-esteem. The hollow absence of love. The disconnection between my rational, structuring mind and my useless, hideous body I couldn’t overcome. Of this I didn’t know how to heal, or even feel better. During this time, I looked for help in different places: Cognitive Behaviour Therapy, Coherence Therapy, Psychoanalysis and Psychodynamic Therapy, and Group Therapy. I went to civic practices and private practices. I read self-help books and tried mindfulness techniques, but the structural boundaries of my illness I could never truly exceed myself.

Then, around six years ago, after a horrible winter, I got in touch with a person that a friend of mine recommended. This person was, as I was to find out after the third session, not just an educated psychotherapist but also a trained ‘shaman.’⁵ After the third session, she proposed that I joined what she called ‘ceremonial work’. I was intrigued and desperate. After some researching and talking to friends who had been through such ceremonies, I emailed the shaman to reserve my spot.

Following my decision was a month-long preparation where I was encouraged to practice awareness, meditation or yoga while trying to be open to whatever thoughts and feelings that rose to the surface. Two weeks before, I was to follow a special diet, removing substances like coffee, tea, tobacco, and sugar, while trying to eat plant based. The day before I found myself incredibly

5 During this project I have learned that the word ‘shaman’ is problematic as it has cultural and negative appropriation.

nervous and started to doubt the whole project, what was I getting myself in to? That night I had a terrible episode of migraine which continued to the morning. I called the shaman and asked if I should cancel since I still had a migraine. She laughed lightly and responded, 'of course you have the migraine, that is your body recognizing the process, it is already starting...'

Assuring me there was no harm or danger in me joining, I finally went.

- - -

Saturday June 4th, 2016. I remember the date because it was the day after my brother graduated from high school (migraine hell day). I knew the migraine was probably more a withdrawal symptom of lack of coffee than a 'initiation process', yet, eager not to mess with the 'spirits', I persevered. Irritated and sleepy, I travelled to the concrete outskirts of the city. When I arrived at the location, ⁶a three-story apartment building, I was to text a number to be let in. It was all very underground. The door was already ajar when I arrived on the top floor. It was open – for me. Maria, as I will call her, welcomed me with a curious look on her face. She has both a warm and stern face. Loving and determined. I hung my things in the hallway and entered the living-room, which was the room where the ceremony would be held in. On the door to the kitchen (which was private) it said: '*Where there is a witch there is a way.*' Huh, I thought, surely, I didn't believe in witchcraft starting this journey. Today, I would say otherwise. In the living-room I am greeted by four other nervous people. I'd say the ages range between approximately thirty and sixty, I am the youngest in the room. We sit and wait for one more to come before we get started.

The ceremonial work starts with a four-hour long workshop held by one of the facilitators. Throughout the workshop we touch upon themes which any psychotherapist would do, especially beneath the psychoanalytical branch, however with a somewhat contemporary modern twist; mother, father, romantic relationships, friendships, career, health, body. We are asked to write down intentions, thoughts, and feelings, perhaps if there is some disagreement or disconnection that we want to work with. In the end of the workshop, we are asked to set an intention for the ceremony. A topic to focus on. I wrote about decision-making and productivity, still contained within a configurative state. Like I was going to heal by becoming

⁶ Unfortunately, I can't reveal the exact location because of the plant medicines' legal status in Sweden. Through this project, my intention is to inspire movement towards a decriminalization of these 'drugs' and a destigmatization of their practices, hopefully making the experience I had safer and fairer to everyone involved.



Figure 4. "Where there's a witch there is a way." Photo from the ceremony room.

more decisive and productive. I also wrote about my relationship to my body, begging for it to improve, to make the disease go away. Nothing of this happened. But before jumping to the good part I will describe the preparation before the ceremony. We were each assigned place in the room, based on Maria's intuition. One mattress, one pillow and a cover were given and in our spot we could decorate with whatever objects or 'totems' that we had brought with us. The necklace I got from my father of my 13th birthday hung around my neck and in my hand, I held one dice I had retrieved from the board game Yatzy at home, tightly. These were things who which, if the journey got overwhelming, we could grab a hold of the totems and find our way back. Next to me I had a notebook and a bottle of water. In front of the mattress the facilitators had placed a small plastic bucket, in case we'd purge. I wore clothes which I had specifically chosen for this occasion. A pair of soft pants which I had gotten from my sister, a very soft t-shirt. I had carefully chosen clothing, which was not tight or snug, but loose and soft.

While we were all getting settled the room was prepared. Candles were lit and the music equipment was set in place. Maria lit a piece of Palo Santo, a small wooden branch with a lovely, calming scent. A scent from which I, starting with that day, recognize as healing. The room was decorated with hanging fabrics on the walls and in the roof, beautiful mandala patterns and Mayan artwork and geometric patterns in all colours. The shelves were filled with objects and 'souvenirs': Angels, witches, buddhas, even an image of Virgin Mary and the halo. It was a noetic mixture, there was room for all sacred things.

We began the ceremony with an initiation ritual. Maria and her assistant went by each of us one by one with the Palo Santo and stroked the stick in a circular motion around our bodies, heads, and hearts, reminding me of the use of holy water in the catholic cleansings. But instead of water showering my forehead, here my lungs were filled with this thick, warm, tranquil smoke which made my whole body go into a peaceful state. At other ceremonies I have attended, this initiation ritual has sometimes been done with tobacco instead. Then the assistant walks by you, blows the tobacco on different places of the body while you interact with the smoke: the hands, the heart, the forehead.

The next step of the ritual is the drinking. Maria fills up a small shot glass of brown, pudgy juice and hands it to me from where she stands in the front of my mattress. My mattress is my habitat for the night. In a last attempt of doubt, my hands cautiously meet her halfway from where I sit and finally take the glass. While repeating

my intention I drink. It's the most disgusting thing I have ever tasted. Impossible to describe. Like a mix of soil and cold coffee grounds with bitter pieces of bark, but worse. My whole body shivers and I must really work to keep it down. After receiving, I sit in an upright position for a few minutes while the music starts. After a while, I change to a laying position. I closed my eyes and started to focus on my breathing, as we had been encouraged to do. And so it began.

Many people have tried to describe an ayahuasca experience. There is no such thing as a generic experience. For me, each time has been completely different. However, what I've noticed lately is that, in smaller recurring groups (that is when the same group 'meets'), there are always some overlapping themes. This time though, was one of the most profound ones. There have been a few of these, maybe three throughout the years. Experiences which reconfigure my perception of existence, allowing new life.

I can't go through it 'chronologically' because during such a journey the notion of time is absent, however I can recall the different unfolding parts. As my body started to feel more and more nauseous, I was soaring over the jungle as an eagle, taking in the beauty of Mother Earth. Suddenly I dove down abruptly into the forest and shift-shaped into a jaguar. We hunted through the forest, my eyes were her eyes, my body was her body; beautiful, majestic, muscular, perfection of nature. The colours of the jungle became more and more intense, and the vegetation became more and more crowded. I had to push myself through the trees to come through, suddenly I start cutting the thick leaves with a machete. I shape-shifted again. The hands that hold the machete are rough. As I make my way through the deep jungle the nausea increases and suddenly there is only darkness. I disappear from the jungle and I'm back in Maria's room. I open my eyes and the roof is gone. The concrete roof that was there before has vanished and instead I can see the starry sky. Right there. It's projected as a spheric surface, an astrological vault. I recognize Karlavagnen (Charles's Wain), the star constellation where people in my family which has passed away has their place. In one of the stars in the square that builds the wagon is the star of my brother. He blinks to me.

The nausea demands me to change position. I shift to the fetal position but then I remembered something that they said during the workshop. If nauseous you shouldn't fight it. Embrace it. The body naturally goes into a curled-up position but instead of giving in to this you should stretch your body. I lay on my back and straighten

the body. Now the nausea is so intense so that I want to give up. I can't do this, it's too hard. I try to close my eyes to rest and as soon as I relax, it begins. It all happens so fast. In a split moment my body hurls up rapidly to a sitting position while I reach for the bucket and purge. It's like a force that I have no control over but somehow, I know exactly how to handle it. It ceases me two-three more times, and in the dizziness, I think for myself 'help'. Before knowing it Maria sits on the other side of the bucket. I look at her and her hair has become hundreds of tiny snakes, like Medusa. I don't remember being scared of them, even though I can't stand snakes in the real world, they seemed kind. 'I don't know if I can do this, I squeaked, tiredly.' She held my hair and shoulders as I continued until my body was completely empty. There was nothing left. When I looked down in the bucket there was a hop of snakes. At this moment I knew it was over. Maria was already back at her spot in the corner of the room. Exhausted I laid down and pulled the cover up to my chin. From here, the main act begun.

I'm traveling through a hospital corridor. I hear no footsteps. I must be some sort of immaterial entity. At one door I suddenly stop and enter. Everything is white. I'm blinded by the high exposure. Suddenly a bed appears along one of the walls. Someone is laying in it. I can only see the contours, so I decide to move closer. At first, I don't recognize her. Her pale skin of her shoulders and neck is exposed the white blanket only covers to her chest. She must be very sick. When I come closer to see the face, I recognize who it is. It's me.

A cold shudder overwhelms me. What am I doing here? Why am I laying there? Why am I so pale? I quickly feel an awe of shame. I hope nobody sees me like this, all naked, without any makeup or fixed hair. I turn in the room and am shocked by all the people who have gathered around the hospital bed. I try to make eye contact, but it seems as like they can't see me. Everyone is there: my mother and father, my stepparents, my siblings, my partner, even two friends I recently started hanging out with. The shame is quickly replaced by warmth. How nice that they're all here for me. then I see they are all crying. The warmth is replaced by confusion, or fear. Slowly, the entity that I am starts to move away from the front of the bed, towards my mother. Without notice I enter her body and all of a sudden, I can see myself through her eyes. What's even more profound is that I can feel what she feels. This I won't be able to describe. I feel deep, deep pain and suffering. She mourns me. I start sobbing quietly where I am laying on my mattress. I hold the dice a bit firmer. It's too much to go through. I feel all her love and

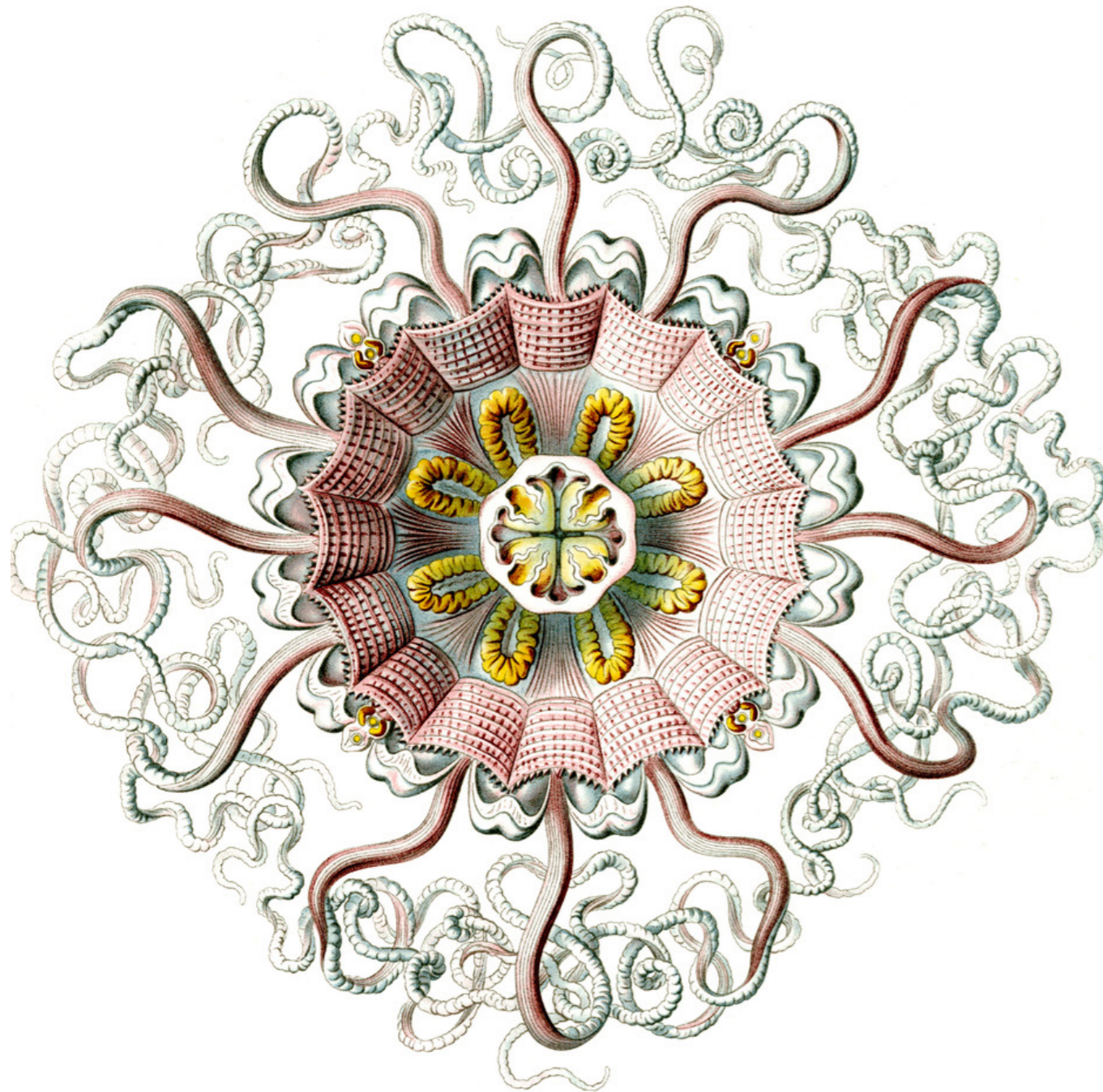


Figure 5. Ernst Haeckler, Peromedusae, 1904.

sorrow. The anger. The defeat. The confusion. Everything that she misses, everything that she will never get to say. All that is lost. And that's when I realize.

I am dead.

This insight makes me cry louder. I don't want to die, not yet. From here the experience intensifies. Abruptly I stop being my mother and moves on to my father. This is even more painful. Or rather a completely different pain. My father, who I love dearly, my knight in shining armour, the person I look like the most, our entangled brains and personalities. I am truly *his* daughter. I stay with him until I have to move on to the next one. I almost can't talk about the pain I experienced when I entered my sister. It's too near. A void that I realized in that moment would never heal. I'm sobbing loudly and uncontrollably. I continue shape shifting until I've visited everyone in the room. Drained I pray for an end to this. It's so intense. Then I hear an echo, a voice that speaks to me. 'You wanted to know what would happen if you died, you thought nobody would notice.' When I was sick, I used to tell myself, nobody would notice if I died. Nobody would even care if I didn't exist. And here it was, played out before me. I felt love for the first time in a very long time. I felt worthy of love. It was so overwhelming, and tears were still running down my cheeks. It was so much emotion. In the fog of tears the assistant comes up to me and says, 'it's really beautiful that you were able to mourn, Ragna, but remember what we said about responsibility, now you will have to hold yourself.' Two cosmic arms, descended from the starry sky and held me. Suddenly I was an infant, wrapped up in a blanket. I was holding myself. Everything was going to be okay. I was not dead. Exhausted, I spent the rest of the ceremony in pure bliss, enjoying the realization that I was alive. My whole being was dissolved in a state of what can be best described as Love. Infinite and unconditional. Nothing to receive, nothing to give. A simply euphoric immanence. I listened to the beautiful tones of the music which constructed a spatial and temporal meaning. 'Gracias a la vida', Mercedes Sosa sang.

The next day we gathered in the living-room after breakfast for the final step of the ceremony. The 'sharing' was a means for us to share our experiences and also get some 'feedback' from Maria, a means of mediating between the experience and the fact that we now had to return to our lives and start the integration process. How could we learn from the experience so that it could be productive for our lives on the outside? The sharing was also a collective ritual, a way of giving space to each other and allowing each one to be heard. The obligation to observe silence is strictly followed and one cannot share

to someone else's experience outside the group. Sharing can be tricky, and most of the times it's hard to describe the experience. Usually, one can recall themes or insights, but sometimes the ceremony can open up a process, leaving the 'patient' in a confused state. If this is the case the facilitator is there as a support. I was happy I had a regular therapy session with Maria a few times a month. During these sessions we could talk about the changes that were taking place and how I could, in a productive way, steer my actions towards healing. Because, as they emphasized over and over again, the profoundness of the medicine is not what takes place *during the ceremony*, instead the subtle changes, that will in fact potentially better an experience of life, takes place *in between ceremonies*. Ceremonies and plant medicines only open up to the possibility of change. Like poetry opens up the structures of language. Following this new seeing, new perception, is the necessary act of change in itself.

Leaving the building I felt lighter, more alive and calmer than I'd ever felt before. For the first time in my aware adult life, I had felt the transforming stroke of love. My heart was wide-open, both towards people around me and myself. The self-loathing was replaced with a deep compassion and empathy. But I was still shaken. My ontological understanding of the world was completely deflected and the idea of knowledge that I had carried with me for so long had profoundly shifted. What is this knowledge? I knew somewhere that this experience was induced by the medicine, and that the scenes from the hospital could be described as a sort of dreaming, however I was conscious in the dream. It was manifested as a true experience in my body. I was there. I felt it.

And that was my first real noetic experience.

Since then, I have been incredibly curious to understand how this experience was able to heal me from a disease that had held me in such a firm, lethal grip. And more importantly, how I could go about to make this rather 'underground' practice, available to other people, what can I do in order to help other who suffers to heal?

My first encounter with the practices of plant medicines started with this experience, and to this day, it is the only experience, that has effectively helped me in my journey to recover from eating disorder and my path to an experience of life which is joyful, vital and (almost) free from depression. In many ways, I owe my life to these practices and naturally my interest to learn more about them has only grown since I started this journey.

I am the architect, and I am at the same time the patient.

*Practices of knowing and being are not
isolable; they are mutually implicated.
We don't obtain knowledge by standing
outside the world; we know because we
are of the world. We are part of the world
in its differential becoming.*

METHODOLOGY

Exploring the Noetic

This thesis follows my personal narrative of healing presented in the previous pages, The Architect and the Patient; from being stuck in, what was for me, a western pathological configuration; to the liberation of ontological and epistemological perspectives that through the noetic experience in shamanistic therapeutics lead to transformative healing. Noetic which have the potential to change rigid psycho-geographical structures and my intention with this research is to see how these perspectives can be instrumentalized to shift and rethink rigid methodological structures in architecture.

What my experience embodies is the notion of Karen Barad's dynamic methodological instrument of Agential Realism which intends to dissolve ontological, epistemological and ethical boundaries by emphasizing the irreducible entanglement between matter and meaning.¹ As the expression of material arrangements, architecture manifests such agency in the production of reality and meaning. Barad opposes the modern belief that material arrangements are 'static' in the world, and rather they become dynamic reconfigurations of the world.² For me it was the disembodied mind finding its way back to its sentient body, depicting such a transformative material arrangement of new meanings.

If architecture is so deeply entangled with the discourse of body, how can such a transformation take place in the 'body' of architecture as the expression of new socio-political, and economic realities? Following my personal experience, the presence of liminal processes was crucial to the possibility of transformation, and the noetic experience enabled this transformation. Therefore, this research sets out to explore different perspectives on the noetic, from the material western practices to the immaterial situated practices found in shamanistic knowledge context, through approaching three potential roles of the architect: The Architect the Surgeon, The Architect the Shaman and The Architect the Noet.

In chapter one, The Architect the Surgeon, I will trace the etiology of mental illness focusing on the imaginable roots of an eating disorder reflected upon in chapter one. Through the reading of literary references in architectural theory, philosophy, and medicine, I will dissect historical structures, paths, 'causes' and configurations which may have led to this pathological 'adaptation' within the semiotic system of modernity but also how these

practices relate to the noetic realm. Reflecting on and interrelating spatial, epistemological, technological, and clinical conditions, I will elaborate on the question: how does the suffering body arrange itself within the conditions of modernity?

In chapter two, The Architect the Shaman, shamanistic practices and cosmologies will be studied as an expansion and deepening of my own experience of the noetic. Deleuze's therapeutics, the development and application of treatment, is here to cast a reflection in investigating how therapy exists in the shamanistic world. I will trace several traditions to their origins and contexts, through the reading of literary references in anthropology and cosmology together with semi-structured interviews held with people in close connection to these knowledge-contexts I will explore healing through the lenses of ritual, ceremony, spirituality and temporality as well as ideas of ecology and collectivity.

In chapter three, The Architect and Noet, I introduce and expand on the philosophical-phenomenological notion of noesis from a western knowledge context, as a tool mediating between the material configurations of modernity and the non-western shamanistic practices in chapter two. Literary references from phenomenology, philosophy and architectural theory builds the chapter. As an instrument of perception, the noetic has the potential to open up rigid thinking and cognitive prejudice, offering fresh ways of 'seeing' the world. Central to this chapter is the symptomatological method derived from Deleuze's Clinique et Critique, a method which is reflected in noetic thinking. Noetic 'reasoning' should be imagined as a reflexive choreography moving between the existential, the spiritual and the 'conditioned.' When applied spiritually, noetic perception has the potential to cognize our inner structures, the hidden dimensions that constitute human consciousness, something which I've found is reflected in the shamanistic world.

By spanning from the rigid configurations of modern medicine to the ecological practices of shamanistic healing this project intends to map and explore cartographies of noetic healing, making visible worlds and perspectives rejected by the modern West. While researching the topics of body, space, perception and cognition, each chapter is discussed in relation to each other, where noetic overlaps occur and disappear, while also exploring the roles of the architect from different perspectives and disciplines, looking at what architecture and the architect – have the potential to become.

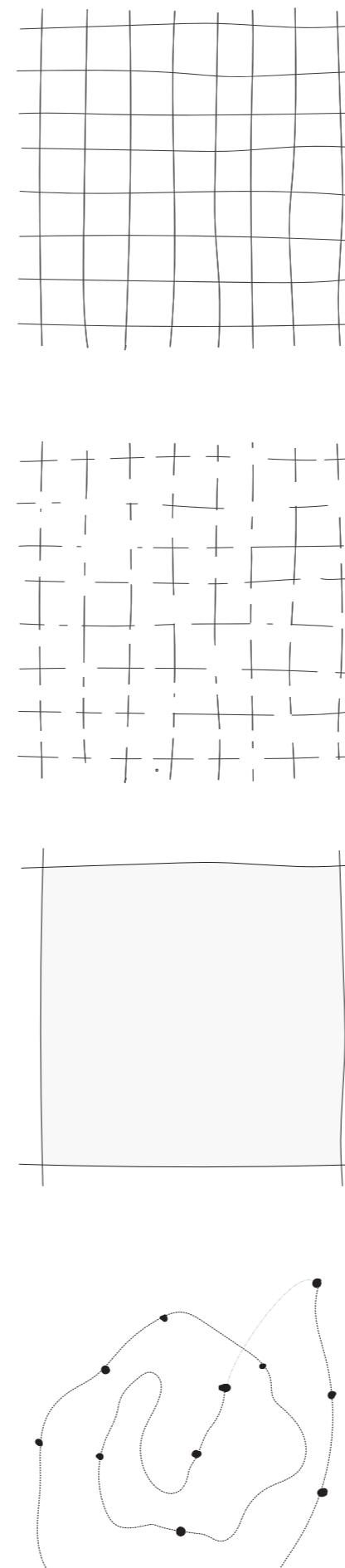


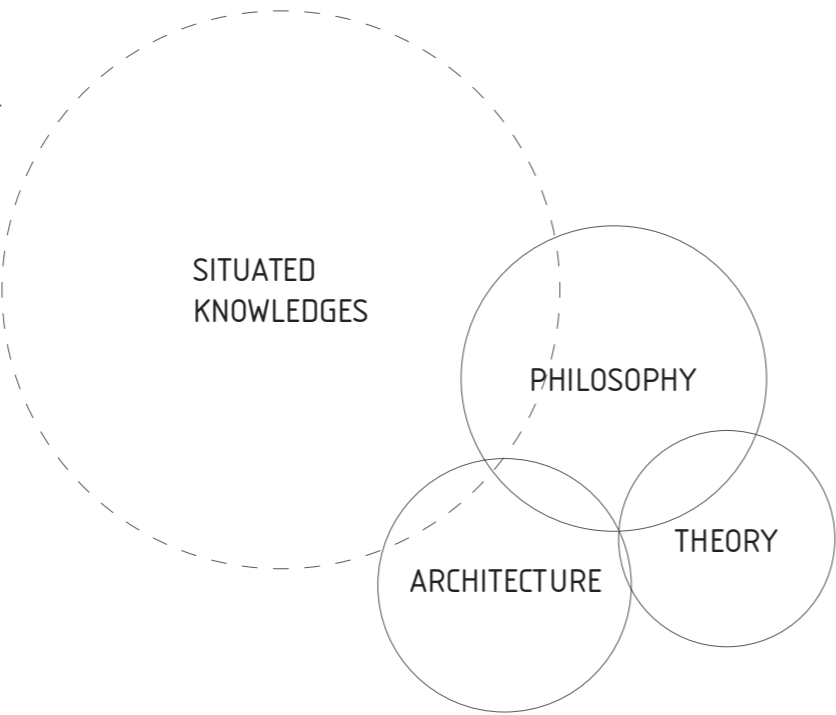
Figure 6. Research narrative of four-fold becoming, drawn from the deas of un-learning and reconfiguration, by author.

¹ Karen Barad, Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning, (London: Duke University Press, 2007), 185.

² Barad, Meeting the Universe Halfway, 335.

PERSONAL EXPERIENCE

NOETIC ARCHITECTURE



NOETIC METHODS

We no longer live on what we have, but on promises, no longer in the light of the present day, but in the darkness of the future. We refuse to recognize that everything better is purchased at the price of something worse; that, for example, the hope of greater freedom is canceled out by increased enslavement to the state, not to speak of the terrible perils to which the most brilliant discoveries of science expose us.

CHAPTER ONE

The Architect and the Surgeon

Just as the architect is the patient, the architect is also the surgeon. This is the central idea to Gilles Deleuze's ideas of 'Critique et Clinique'. While etiology (the search for causes) and therapeutics (the application of a treatment) are integral parts of medicine, symptomatology (the study of signs) concerns what he calls the 'pre-medical boundary.' Symptomatology, Deleuze suggests, belongs 'as much to art as to medicine', and perhaps even more to art and architecture due to our possibility of experimentation, means which surgeons or clinicians are corporeally limited to. There is often a great discrepancy between the modes of existence in mental illness and the symptomatology of such a condition, where the nature of a condition is different than the symptoms. The main idea behind Deleuze's project is that authors and architects, like surgeons and clinicians, can be seen as major 'symptomatologists', with the potential to change such boundaries towards the establishment of health. Health is not to be limited to an absence of disease but as the nexus of aliveness; that is joy, happiness and engagement, the forming of a vital existence. Drawing on this idea that architects are clinicians, this research set out to organize symptoms, signs, and expressions of mental illness but rather than isolate it seeks to reconnect symptoms with experience, dissolving and re-defining the pre-medical boundaries through mediation and innovation.

In the following pages I elaborate on the question: how does a diseased body arrange itself withing the conditions of modernity? Departing from the profound division between body and mind put forward by the Renaissance thinker Rene Descartes, the chapter will trace the genealogy of his influential thinking reflected in the evolution of medical knowledge, technology, and media, rendering the human being fragmented. Dissection and separation, classification and analysis, consolidation, and healing, are themes which, are inherent to both the Surgeon and the Architect, mediating the notion of Deleuze's Clinical and Critical.

Perception

The modern conception of the body-mind problem as formulated by Rene Descartes, postulated that there are two kinds of substance: body/matter and mind/spirit. 'Matter, of which the essential property is that it is spatially extended; and mind, of which the essential property is that it thinks.'¹ His theories regarded the mind superior to the

1 Howard Robinson, "Dualism", The Stanford Encyclopedia of Philosophy (Fall 2020 Edition), ed Edward N. Zalta, <https://plato.stanford.edu/archives/fall2020/entries/dualism>.

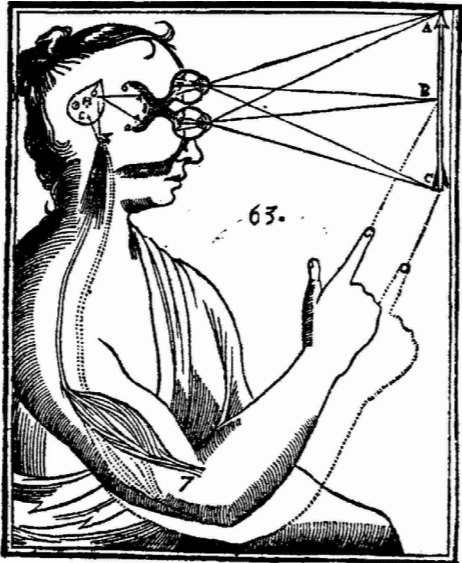


Figure 8. Descartes' 1644 *Principles of Philosophy* diagrams illustrates Descartes' theory of vision and its interaction with the pineal gland. Descartes believed that light rays impressed subtle particles into the eyes. The image was then transmitted to the pineal gland, which served as the nexus between mind and body. In this sketch the external stimulus is translated into an act of will (pointing) by the pineal gland. Source: https://www.princeton.edu/~his291/Cartesian_Vision.html

CAROLINÆ LINNÆI REGNUM ANIMALE.

I. QUADRUPEDIA			II. AVES			III. AMPHIBIA			IV. PISCES			V. INSECTA			VI. VERMES		
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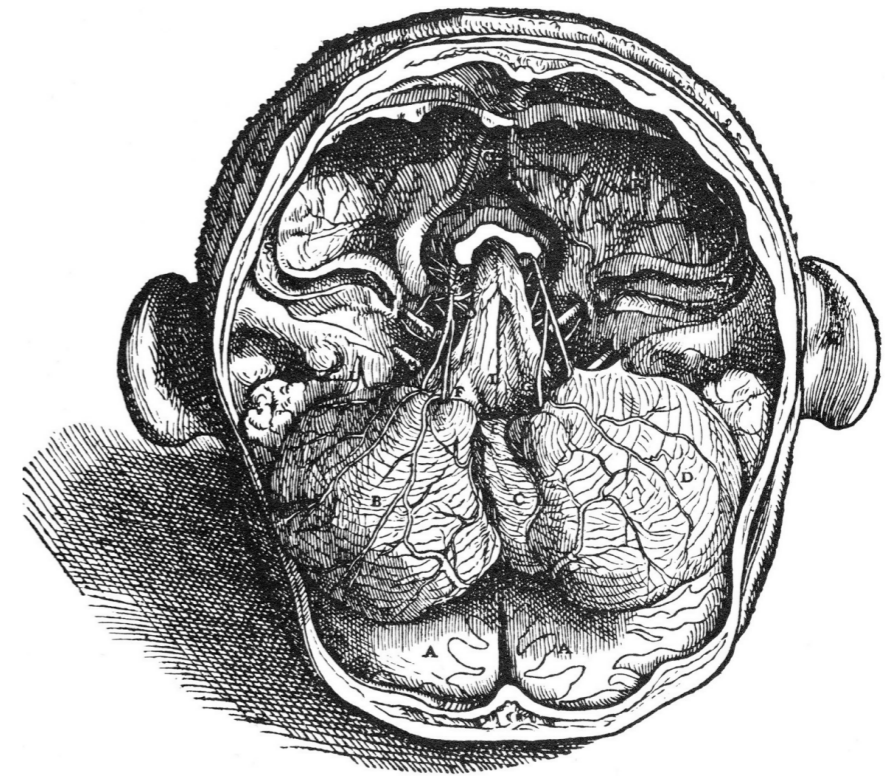
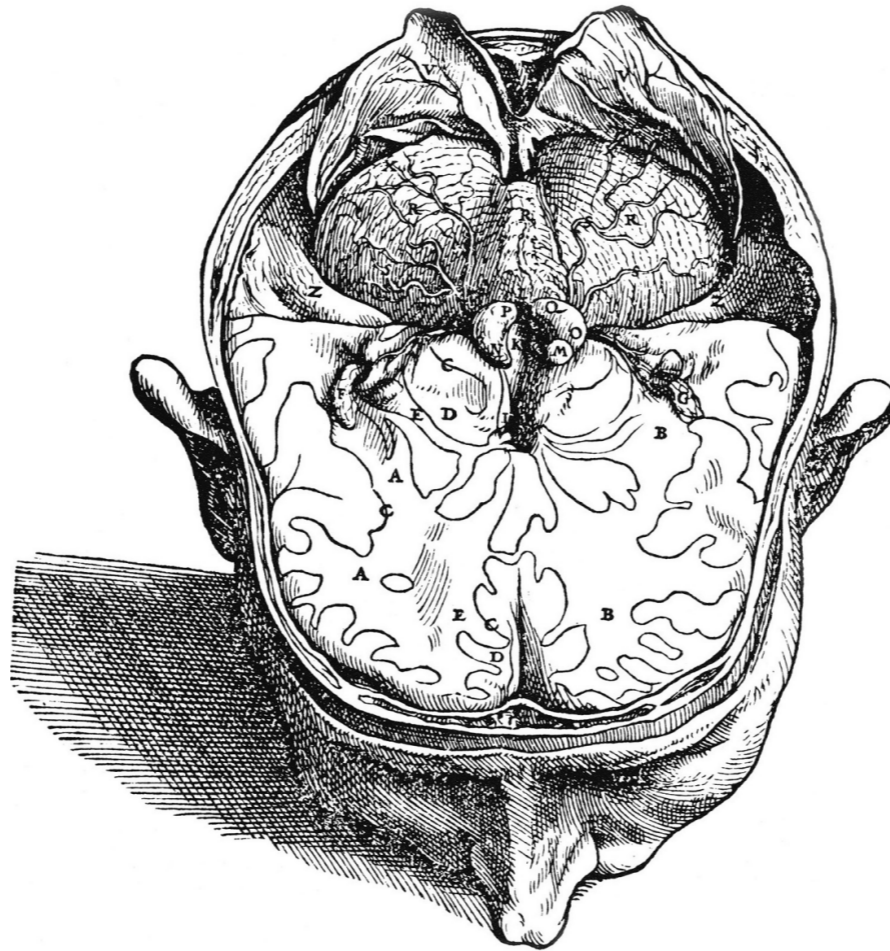
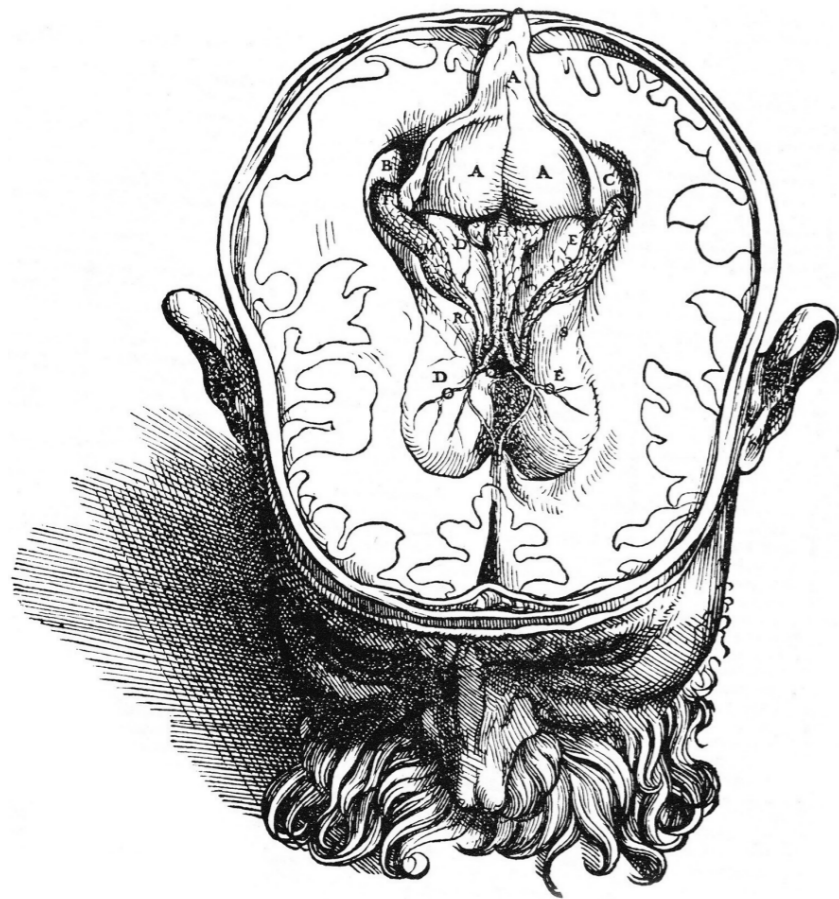


Figure 10. Drawings from *De humani corporis fabrica libri septem*, 'Of the Structure of the Human Body, 1543.

Horizontal sections of the human brain from Book VII of Vesalius. Anatomical representation makes the insides of our bodies visible and familiar, but also reveals a strangeness, an otherness. In dramatizing the dissected body, Vesalius contributed to a new visual iconography. Vesalius sought to make illustrations that were true to nature, but many of his figures conform to classical ideals of beauty and proportion, and stand in classical poses.

duction of knowledge, revealing the perpetuating process of separation of the body and mind (through perception) proliferating with this medical 'gaze' of the body.

Classification

In classical medicine, *nosology*, in which the patient was being examined through observation and the categorization and description of symptoms, was the prevailing practice. With the introduction of the mathematical table or the 'tableau', the medical gaze became a means to 'observe pathological abnormalities, after which they would be arranged, structured and put into a specific "order" with the help of language.'⁵ The table as such, functioned as a membrane between the observed and the spoken, and as the consolidation of medical perception and language, the table produced a new medical system of knowledge.⁶

Michel Foucault illustrates the problem of classification through depicting the table as a 'technology' of order within the scientific, economic and political realm. The arranging of botanical plants in the scientific table at first seemed harmless, but what it brought with it was the rational classification of living beings; the economic table offered observation, supervision and regulation of the dispersion of commodities and money, which led to the rise of a common principle on how to increase wealth; the political table allowed for the observation and inspection of the people through registration and calculation of armed forces. For Foucault, the table is both a 'technique of power and a procedure of knowledge.'⁷

Anatomy

In the eighteenth century, anatomical dissections of bodies became a common means of collecting medical knowledge. The founder of anatomical medicine was Andreas Vesalius, who through the 'elegance' of its classification and organization of his seminal work *Fabrica* (*The Fabric of the Human Body*) (1543), gave anatomy a new aesthetic language.⁸ Vesalius became professor in medicine at the University of Padua in 1522 where he initiated the construction of the first anatomical theatre. Predominantly run by universities, the anatomical theatre became the central medical institution and 'knowledge-space' in the early modern period.⁹ In addition, 'to disseminate medical knowledge' the anatomical dissections were 'to provide

⁵ Martin, "Ecologies of Corporeal Space," 40.

⁶ Ibid.

⁷ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, (New York: Allen Lane, 1977), 148.

⁸ "Andreas Vesalius," *Britannica*, last modified Nov 27th, 2021, <https://www.britannica.com/biography/Andreas-Vesalius>.

⁹ Marion Mücke and Thomas Schnalke, "Anatomical theatre" in *European History Online (EGO)*, the Leibniz Institute of European History (IEG), last modified February 19th, 2021, <http://www.ieg-ego.eu/mueckem-schnalke-2018-en>.

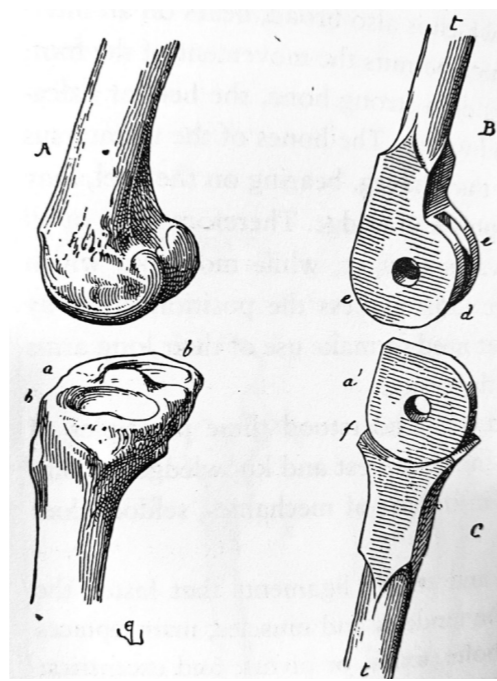


Figure 11. Eugène Viollet-Le-Duc Joint comparison, Viollet-Le-Duc, *Comment on devient un dessinateur*, Paris, J. Hetzel, 1885.

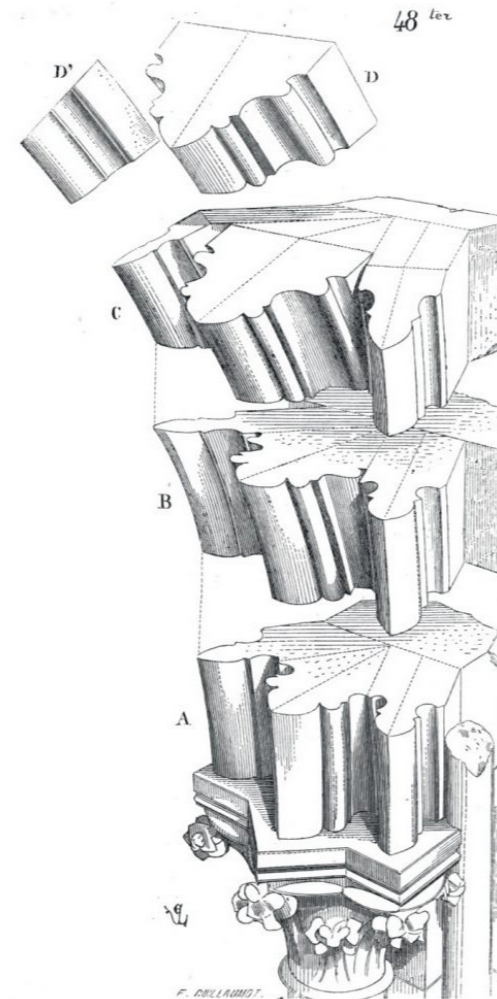


Figure 12. Eugène Viollet-le-Duc. Tas-de-Charge drawing, in *Dictionnaire raisonné de l'architecture française du XI au XVI siècle*, 1854-1868.



Figure 13. The anatomy lesson of Dr. Nicolaes Tulp, Rembrandt (1632).

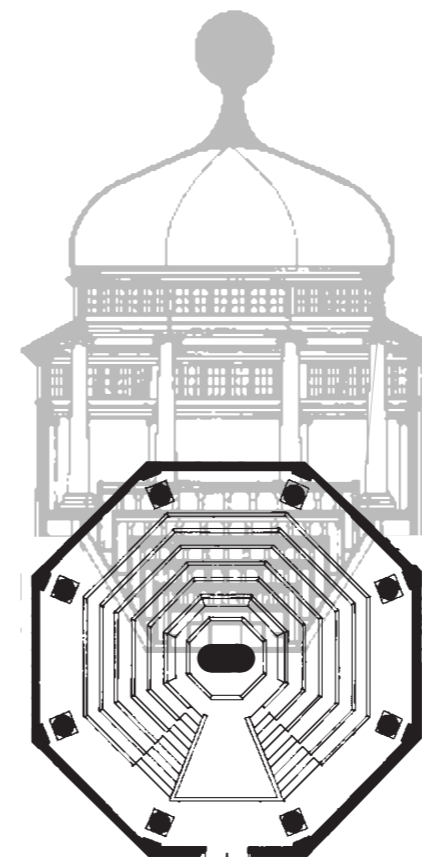


Figure 14. "The Stage of the Body," Collage of Olof Rudbeck, *The Anatomical Theatre*, Uppsala, section and plan, 1662-1663.

proof of divine creation, to highlight the temporary nature of human life, and to promote the self-knowledge of the spectator.¹⁰ The dead body on the table served as a productive object, a primary source of medical knowledge and future diagnostics, while the living body of the spectator served as the subject – entertained and enlightened. Through the spatial exploration of the dead body, the 'corporeal space' expanded such that it would include the living body as well. As Martin states, 'the simple gaze of the doctor expanded into a comprehensive anatomical clinical-apparatus.' A mechanic perception in which tools and instruments could inform a 'novel mapping of the body'.¹¹ The dissected, fragmented body was a central reference in architecture and inspired both practice and theory. Architects tried to understand the interior of buildings by cutting through them.¹²

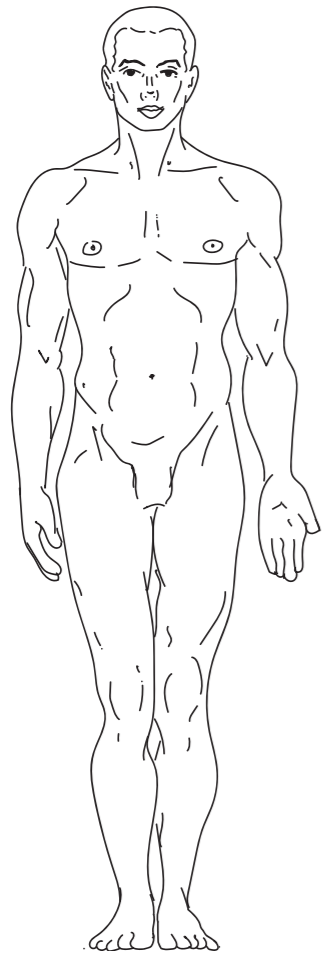
In *The Performative Corpse* (2014) the philosopher Kristin Keating studies the relations between the anatomical body and the anatomical theatre: 'when the dissected body is placed in a privileged position on a theatrical stage, it becomes a performative corpse.'¹³ Despite one of the aims of the anatomical discourse in confronting mortality, the presence of an elevated stage rather trans-

¹⁰ Mücke and Schnalke, "Anatomical theatre."

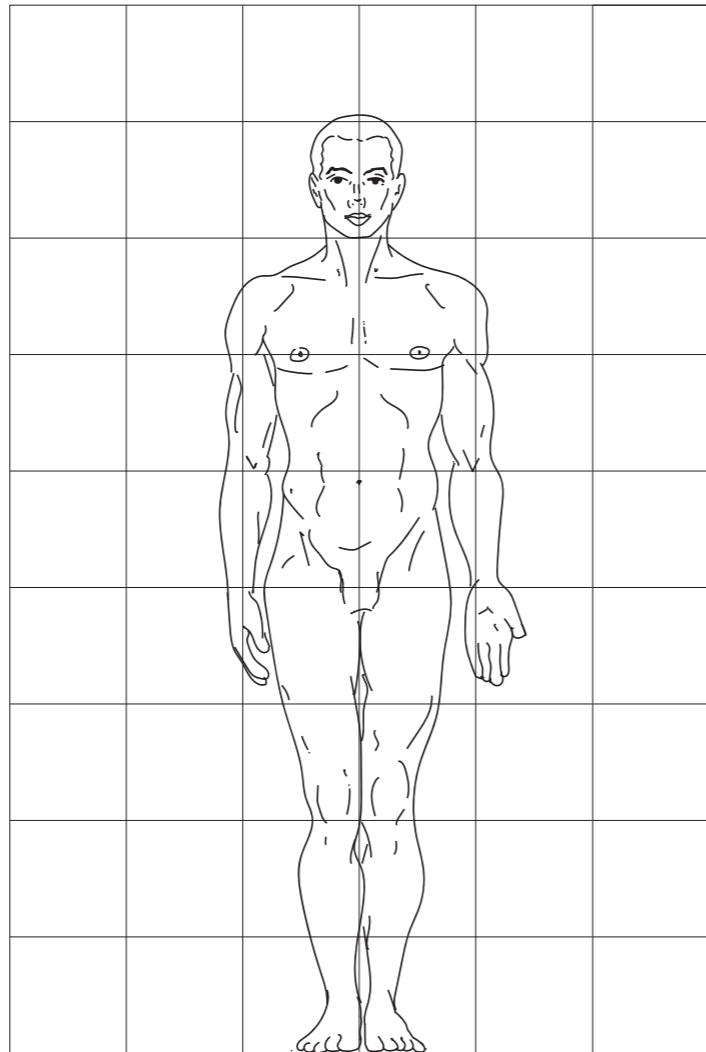
¹¹ Martin, "Ecologies of Corporeal Space," 40.

¹² Colomina, *X-Ray Architecture*, 15.

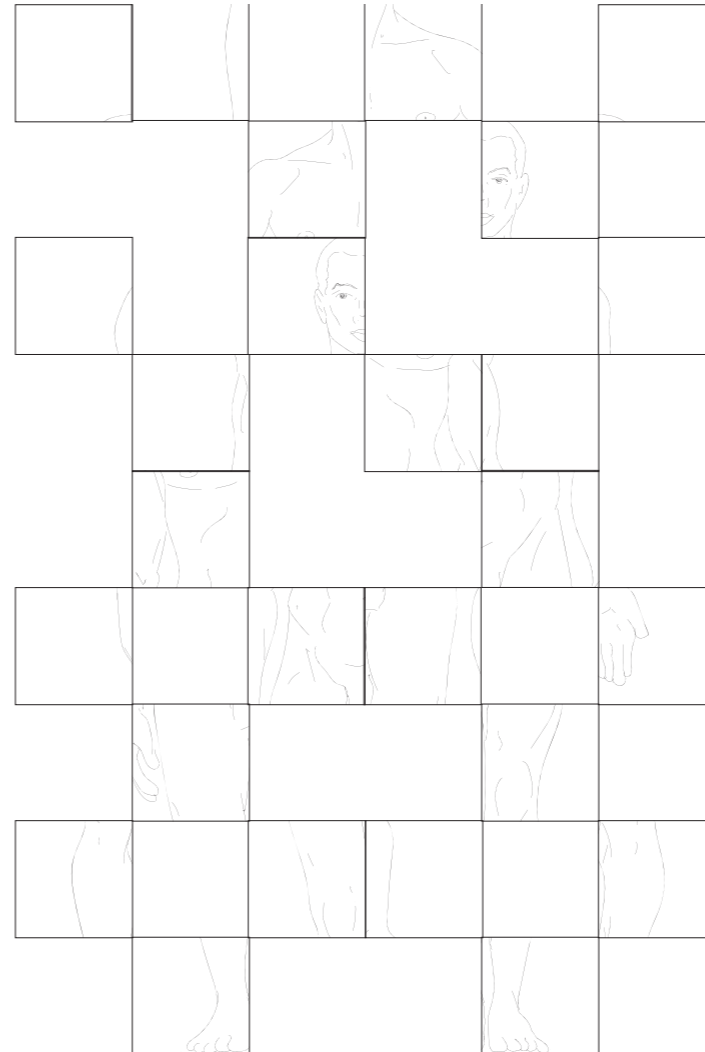
¹³ Kristin Keating, *The Performative Corpse: Anatomy Theatres from the Medieval Era to the Virtual Age*, (Irvine: UC Irvine, 2014).



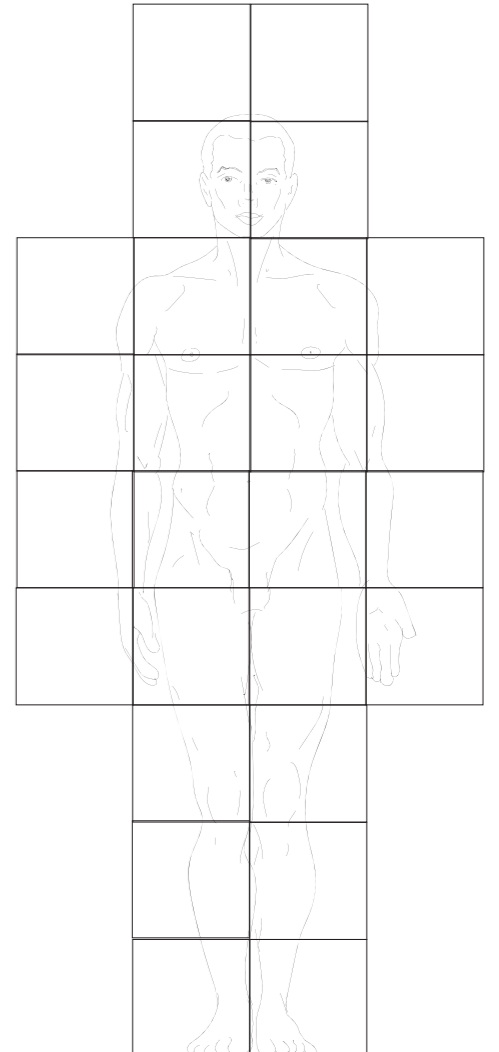
a.



b.



c.



d.

Figure 18. Diagram sequence. "Separation and consolidation body," by author.

a. body
b. grid
c. dissection
d. consolidation



Figure 15. Imagery of Dr. Walter Freeman performing a lobotomy. McManamy J. Walter Freeman – father of the lobotomy. McMan's Depression and Bipolar Web website. Reviewed Jan. 15, 2011. <http://www.mcmanweb.com/lobotomy.html>

formed such a confronting to a 'constructing' of mortality.¹⁴ It became a means of fictionalizing and dramatizing the event of death in order to avoid its incomprehensibility. As humanistic society slowly replaced theistic society a spiritual crisis emerged, a crisis in which the anatomical theatre played a critical role in conceptualizing. Keating suggests the Cartesian knowledge strongly pertains the medico-scientific discourse, particularly to the dissection of the dead body: the anatomical body emerging in the early modern period in fact, rendered to be an essential element to the development of Descartes dualism and how 'mapping of the body's interior,' lead to a demystification of the machine, which in turn promoted the 'emergence of the operative ghost.'¹⁵

In the corporal space of the anatomical body, an illness was no longer a two-dimensional virtual representation, but could be considered embedded and locatable. Surgical interventions emerged as the urge to act within the body, to get rid of the material disease residing in the anatomical atlas.¹⁶

Media

Accentuating the medical perception was the discovery of the X-ray in 1895. For the first time, the interiors of a living body could be observed without invasive techniques. Enabled by the medium of photography, this novel image

14 Keating, *The Performative Corpse*, 13.
15 Keating, *The Performative Corpse*, 11.
16 Martin, "Ecologies of Corporeal Space," 40.

of the body could even be observed without the presence of the physical body, hence the medium of the X-ray produced yet a new corporeal space,¹⁷ further increasing the distance between the body and the mind. The depicting of a 'true' image of the body rendered the subjective experience of the patient inaccurate or even delusive. Reducing the patient to a set of symptoms or a biochemical composition is still common today and is deeply problematic as it leaves little agency for the patient to handle their own pathology.¹⁸

In the discipline of mental health in the late 19th century this lead to the procedure of lobotomy, a surgical intervention where parts of the brain cortex, which were thought to inhabit the diseases, were removed.¹⁹ The dehumanizing and invasive surgery which left many patients 'apathic' and with 'a general decreased depth in emotional response', was abolished largely by the 1960s. However, some techniques of psychosurgery – which has no 'virtual' effect on intellectual function, is still performed today on patients with severe psychosis or OCD.²⁰ In the middle of the nineteenth century, the discovery of anaesthesia – the induced state of unconsciousness – enabled more complicated surgeries. The living body, like the anatomical corpse, was now rendered a physical object, 'the living body was silenced'.²¹ As medical representations changed, so did architectural representations.²² The desire for visibility had a great impact in the modern movement: 'architects wanted you to see inside their buildings, revealing the interiors and bone structure.'²³

One of the main struggles in neuroscience and psychology today is the 'hard-problem' of 'locating' consciousness. Despite technological advancements, like the incredibly precise brain-imaging fMRI which enables an illustration of correlates between symptoms and certain areas of the brain, scientists can't agree on one consensual theory of consciousness.²⁴ 'Each measuring machine produces its own characteristic image, functioning as a membrane between the internal corporeal space and its cognitive and digital correlation',²⁵ Martin concludes. A membrane further increasing the experience in the body with the perception of the body.

17 Ibid., 41.
18 Ibid.
19 "Lobotomy," *Britannica*, last modified February 12th, 2021, <https://www.britannica.com/science/lobotomy>.
20 "Psychosurgery," *Britannica*, last modified June 14th, 2021, <https://www.britannica.com/science/psychosurgery>.
21 Martin, "Ecologies of Corporeal Space," 40.
22 Colomina, *X-Ray Architecture*, 16.
23 Zeiba, "Architecture and illness: Beatriz Colomina on tuberculosis, modernism and Covid-19."
24 Robert Van Gulick, "Consciousness," *The Stanford Encyclopedia of Philosophy* (Winter 2021 Edition), ed Edward N. Zalta, <https://plato.stanford.edu/archives/win2021/entries/consciousness>.
25 Martin, "Ecologies of Corporeal Space," 48.

Conclusions

In this chapter the intention is to present several coevolving themes concerning body, space, media and knowledge. There is a discrepancy between scientific descriptions of the world and the lived experience in the world. The dissectional practices emerging with the anatomical method is both a way of permeating corporeal limits in order to explore what's behind, but it's also a practice of healing, of repairing and creating something new. However, because of these practices, the material body was separated from the thinking mind, and what followed was an objectification and a demystification of the body. The discrepancy between body and mind proliferated through the evolving perceptions of media taking place during modernization. If modernity is the progressive alienation from experience and consciousness, knowledge systems found in many non-western contexts don't have such discrepancy. Systems which are found in contexts not fully westernized or modernized. Included are domains which have been pejorated by modern medicine and considers practices such as shamanism and herbal medicine. Such practices are fostered and developed through situated knowledges, revealing the notion of noesis, where knowledge is considered embodied and experienced rather than intellectual.

Figure 16. "Dr. Walter Freeman, left, and Dr. James W. Watts right, study an X-ray before a psychosurgical operation. Psychosurgery is cutting into the brain to form new patterns and rid a patient of delusions, obsessions, nervous tensions and the like." Waldemar Kaempffert, "Turning the Mind Inside Out", Saturday Evening Post, 24 May 1941.



Figure 17. Architecture revealing the bone structure. Mies van der Rohe, Edith Farnsworth House, (1945-51).

We easily forget the amazing disciplines of thinking that man had already achieved four thousand years ago. Wherever meaning has to be conveyed by means of form alone, where, for instance, no written language exists to impart descriptively such meaning, we find a vigour in this direct, formative communication often surpassing that of cultures that have other, additional methods of transmitting information.

CHAPTER TWO

The Architect and the Shaman

Reflected in shamanistic practices and cosmologies, the noetic perception appears through the use of alternative therapeutics as a means to reveal and dissolve structures of consciousness. As an expansion of my encounters with shamanistic healing practices, I will trace the traditions to their origins and knowledge-contexts, exploring themes of ritual, ceremony and temporality and the ideas of ecological and collective healing. The Architect, like the Shaman, can be seen as mediators and healers, practicing in between different worlds and disciplines.

Noetic Healing

My experience of ceremonial healing was not anecdotal. The healing potential of the substances which I have encountered through ceremonial work; *Psilocybin* and *Ayahuasca*, is being researched in the past decade for multiple mental and neurological disorders such as PTSD, depression, addiction and eating disorders.^{1,2,3} Matthew Johnson, psychiatrist and researcher at Johns Hopkins university, regards psychedelics like psilocybin, ayahuasca as ‘slapping people out of their story’ with the potential to ‘reboot’ the mental system; ‘psychedelics open a window of mental flexibility in which people can let go of the mental models we use to organize reality.’⁴ Michael Pollan, author of *This is Your Mind on Plants* (2021) describes his take on the psychedelic experience, which seem to have noetic undertones:

Human consciousness is always at risk of getting stuck, sending the mind around and around in loops of rumination: plant and fungi chemicals like psilocybin can nudge us out of those patterns, loosening stuck brains and making possible fresh patterns of thought. Psychedelics can also benefit us and our culture, by stimulating the imagination and nourishing creativity in the individuals who take them. It’s useful to think of these psychoactive molecules as mutagens, but mutagens operating in the realm of human culture rather than in biology.⁵

1 Fernanda Palhano-Fontes, et al., “Rapid Antidepressant Effects of the Psychedelic Ayahuasca in Treatment-Resistant Depression: a Randomized Placebo-Controlled Trial,” *Psychological Medicine* 49, no. 4 (2019): 655–63, doi:10.1017/S0033291718001356.

2 Alan K. Davis, et al., “Effects of Psilocybin-Assisted Therapy on Major Depressive Disorder: A Randomized Clinical Trial,” *JAMA Psychiatry* 78, no. 5 (November 2021): 481–489, doi:10.1001/jamapsychiatry.2020.3285.

3 Marika Renelli, et al., “An exploratory study of experiences with conventional eating disorder treatment and ceremonial ayahuasca for the healing of eating disorders,” *Eat Weight Disord* 25, no. 2 (April 2020):437–444. doi: 10.1007/s40519-018-0619-6.

4 Matthew Johnson, *Psilocybin Treatment of Depression and Tobacco Addiction*, John Hopkins Medicine Department of Psychiatry and Behavioural Sciences, August 2019, <https://mdpsych.org/wp-content/uploads/2019/08/Psilocybin-Treatment-of-Depression.pdf>

5 Michael Pollan, *This is Your Mind on Plants*, (New York: Penguin Press 2021), 9.

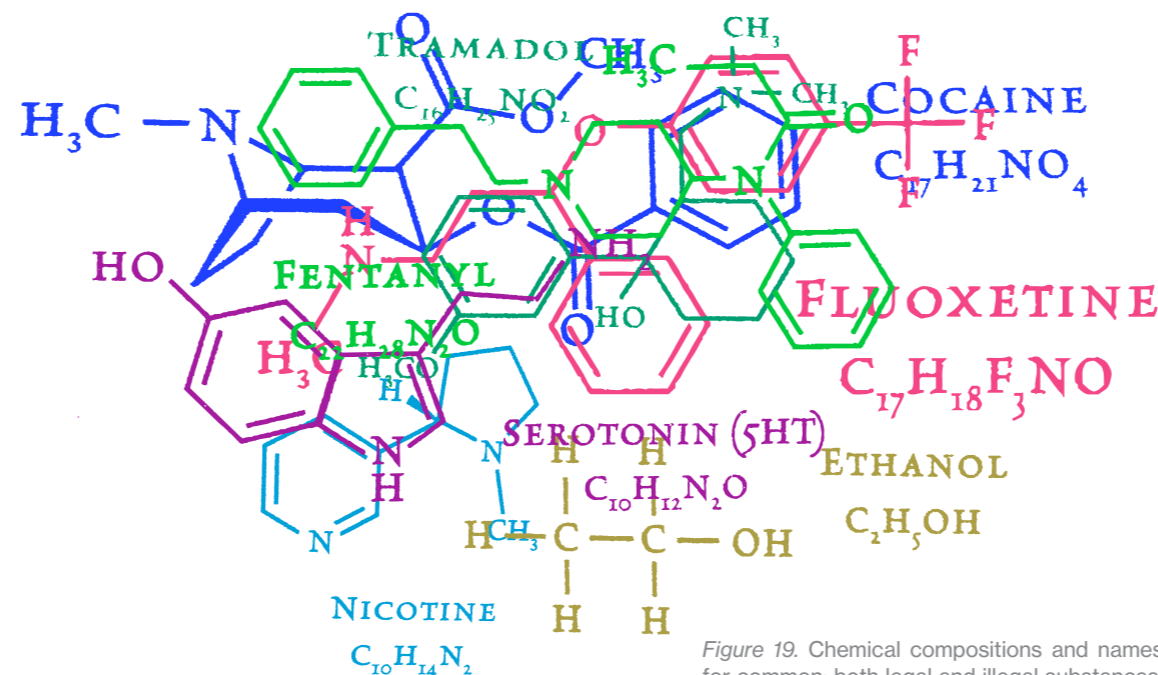


Figure 19. Chemical compositions and names for common; both legal and illegal substances, drugs and SSRIs used in the Western world to numb pain, to ease anxiety, to work faster.

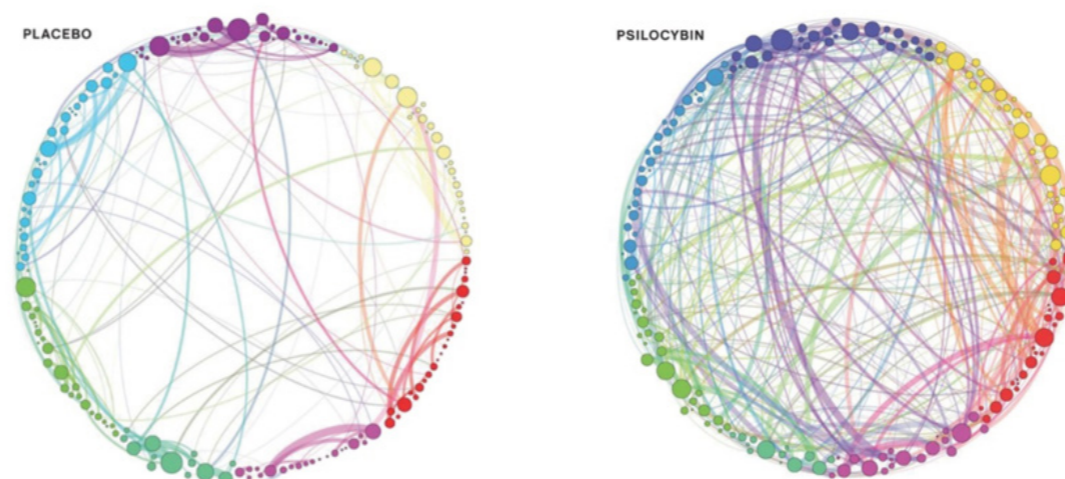


Figure 20. Increased communication between brain networks (based on fMRI scans) Source: Beckley Foundation, United Kingdom, Based on clinical trials at Imperial College, London.

Rigid habitual structures, such as those I myself had developed, but also those who give rise to substance addiction, or the negative loops of depression, become more manageable. Psychedelics, by softening the classifications and structures that organize our human experience, opens up new cognitive possibilities.⁶ Another important aspect in the therapeutical use of psychedelics, which differs from traditional Western medicine, is the role of experience.⁷ The interest from the mental-health community is immense because their research has been more or less still since the invention of the SSRIs in the beginning of the 1980s.⁸ Yet, the research of psychedelics is moving slowly due to the many legal constraints of these ‘drugs.’ This is directly related to the reforms and legislations of the War on Drugs reforms emerging in the United States in the 70s where substances such as the ones stated above and other drugs were banned. Legislations which the rest of the West followed. The effectiveness of the War on Drugs has been deeply criticised and questioned because of the racial disparity of the punishments since approximately eighty percent of the incarcerated in the early 21st century was African American.⁹ Some consider the legislations as targeting specifically groups and communities, which were ‘troubling’ for the government and a ‘treat to social norms and institutions,’ like Latinos, African-American and hippies.¹⁰

Because of my personal relationship to these medicines and the global interest that has emerged within the scientific community in the last decade, it is of relevance and deep importance to Medicine and to Architecture – as forming and fostering spaces of *and* for healing – to look at contexts where these medicines and practices have been regarded as an innate part of society for many hundreds and in some cases thousands of years. The ceremonial use of psychedelics ‘reinforces’ social structures and help heal not just individual but collective trauma, rendering the communal aspect of healing crucial. Pollan urges the interested to look at the histories and practices of such contexts very carefully as the West moves towards reducing the complexities of ritual, knowledge and plant medicines into a industrialized drug.¹¹

6 Merlin Sheldrake, *Entangled Life: How Fungi Make Our Worlds, Change Our Minds & Shape Our Futures*, (New York: Random House, 2020), 124.

7 Mauricio Diamant, Bruno Ramos Gomes, and Luis Fernando Tófoli, ‘Ayahuasca and Psychotherapy: Beyond Integration’ in *Ayahuasca Healing and Science*, Springer Nature Switzerland, 2021, 66. URL: https://doi.org/10.1007/978-3-030-55688-4_4.

8 Todd M. Hillhouse and Joseph H. Porter, “A brief history of the development of antidepressant drugs: from monoamines to glutamate,” *Experimental and clinical psychopharmacology* 23, no 1 (2015): 1–21, doi:10.1037/a0038550.

9 “War on Drugs,” *Britannica*, last modified Jul 23rd, 2020, <https://www.britannica.com/topic/war-on-drugs>.

10 Pollan, *This is Your Mind on Plants*, 2.

11 *Ibid.*, 11.

This to prevent further exploitation and colonization and to counteract the ongoing extinction of native cultures, knowledges, languages and histories. Such extinction is sadly increasing today as modernization force large areas of native lands, such as the Amazonian rainforests, to the verge of extinction of both species and cultures, for commercial purposes.¹²

Following my personal experience, I will trace the plants that inhabit the molecules of Psilocybin and Aya-huasca (*N-Dimethyltryptamine*) in order to study the contexts where these are used and have been used ceremonially. This decision responds to other non-human turns in recent philosophy, which urges us to think beyond human subjectivity and begins to look at marginalised and denigrated systems of thought such as feminist, queer- and critical theory. On this note, we should also begin to attend the vegetal world. In order to productively engage with them and to recover our relationship to them, we should try and think of them on their own terms in ontological, biological and ethical terms. Medicinal plants and shamanism has been used in almost all native traditions in all corners of the world, even Sweden's native people,¹³ even though in the Sámi tradition there is little evidence of the use of mind-altering plants. And what my experience and the scientific research tell is that this specific attribute – a change of consciousness – is a central component in the process of healing.

The objects of study will be focused on the *Mazatecs* in Southern Mexico and the *Huni Kuin* in Brazil and Peru, where a large body of historical and contemporary evidence suggests the use of certain medicinal plants to change consciousness, and also because of their epistemological commonalities where situated knowledges construct similar cosmovisions. On that matter, references from other traditions reflecting such commonalities will also be discussed.

Psilocybin

The spiritual use of mushrooms containing the psychoactive compound psilocybin¹⁴ was popularly discovered by the modern West with the Life magazine piece of R. Gordon Wasson's encounter with the Mexican curande-

¹² Anette Eklund, From Sweden to Mexico, indigenous people explain why their languages are disappearing, language extinction is connected to loss of land, March 2020. <https://globalvoices.org/2020/03/05/from-sweden-to-mexico-indigenous-people-explain-why-their-languages-are-disappearing/>

¹³ Research of the Sámi cultures: the native peoples of Sweden, Finland, Norway and Russia, can be linked to an ancient cosmology and shamanistic tradition. Francis Joy, Sámi Shamanism, Cosmology and as Systems of Embedded Knowledge, University of Lapland Faculty of Art and Design, (Turenki: Hansaprint Oy, 2018).

¹⁴ The most common species of psychoactive mushrooms is the Psilocybe family, in Mexico the common ones are the Psilocybe mexicana, Psilocybe hispanica. In most parts of Sweden, the Psilocybe semilanceata, grows freely.



Figure 21. René Alvarado Martínez, *Internal Cosmic Trip*.



Figure 22. Mushroom containing psilocybin. Drawing by author.

ra María Sabina in the late 1950s.¹⁵ However, the use of mushrooms for healing practices has existed in Oaxaca, Mexico and in Mesoamerica at large long before this moment in history. During the Spanish inquisition and conquest, many of indigenous spiritual practices were persecuted and abolished. The rituals which survived firstly show strong cultural resilience and is, for the Mazatecs, deeply important and sacred. For many, the rituals are seen as 'the last healing resource.'¹⁶ For my interview subject, Mario Gomes, founder of the organization *Con Ciencia Indígena*¹⁷ his story of the encounter with the sacred mushrooms or *Ndi Xitho* ('the little ones') as they are named in the Mazatec language, draws certain parallels to the Wasson story. As a young adult he came in contact with the Mazatecs through a recent interest in the indigenous.¹⁸ Upon arriving to the 'Sierra' (the Mazatec's territory in the mountains of Oaxaca) they would find out that Sabina had passed away a few years before, they had just missed her and tensions in the Sierra had been built up during the past decade:

[t]he Gordon Wasson article had recently come out in Time Magazine and unfortunately it had attracted a lot of pot-smoking hippies, using the sacred plants in an un-sacral way, mixing it with other types of substances as really disrespecting the commons. By the time I arrived the Mazatecs were really annoyed with 'us' foreigners.

Even though Mario is Mexican his skin is pale. Just as Mario and his friends had decided to leave the town because of the 'hostility' and 'danger' felt from the people they encountered; he was approached by an old woman. Mاما Linda (translates to beautiful mother in spanish) invited them into their home; a small 4x4m house with only one room, built with simple wooden walls and a thatched roof. She invited them to do a ceremony together. After

¹⁵ Wasson wrote of his expeditions to Oaxaca, Mexico, seeking the sacred rites and mushrooms of the Mazatec people, and learning from a woman he initially protected with pseudonym. Yet, in the publishing of the article he betrayed his promise and revealed Maria Sabina's identity, leading to abuse and alienation in her community in which she was seen as a traitor for revealing the sacred rituals of the Mazatecs which had been hidden from the West for centuries. See R. Gordon Wasson, *Seeking the magic mushroom*, in Life Magazine, 1957.

¹⁶ Konstantin Gerber, Inti García Flores, Angela Christina Ruiz, Ismail Ali, Natalie Lyla Ginsberg, and Eduardo E. Schenberg, *Ethical Concerns about Psilocybin Intellectual Property*, ACS Pharmacology & Translational Science 2021 4 (2), 573-577.

¹⁷ The Spanish name: 'With Indigenous Science' also reads 'With Indigenous Consciousness.' Their mission stated on their website reads: 'Mario Gómez and Rocio Lopez, creators, and coordinators of Con Ciencia Indígena formed over three decades, initially sharing with close people, then friends of friends, who brought their friends, that told other people, a chain that never stopped.' <https://www.concienciaindigena.org/>

¹⁸ The experience that motivated Mario's interest was a week-long participation in a Huichol-ritual in another place of Mexico, the Sierra Madre, which he stumbled upon through curious circumstances. During this ceremonies he witnessed 'things that really challenged what I knew about science, reality and humanity' the experience he says 'collapsed the totality of my education.' Mario Gomes, *Con Ciencia Indígena, Zoom-Interview*, by Ragna Nordström, October 14th, 2021

the trip Mario was even more encouraged to learn the indigenous traditions, or as he calls them ‘procedures.’ He stayed in the Sierra to study them and live with them for many years, and to this day he is devoted to spread the word of the indigenous knowledge to not just Westerners who are interested but to native Mexicans who have ‘lost their ways through modernization.’

As a growing number of studies reports, mushrooms containing psilocybin have an incredible ability to cure human illnesses. ‘In one sense, this is news,’ writes biologist Merlin Sheldrake, the author of *Entangled Life: How Fungi Make Our Worlds, Change Our Minds & Shape Our Futures*, ‘in another sense, much of the research that has taken place in modern scientific contexts broadly confirms what is well known to the traditional cultures who have used psychoactive plants and fungi as medicines and psycho-spiritual tools for unknowably long time. From this point of view, modern science is simply catching up.’¹⁹

Ayahuasca

The history of ayahuasca differs from the psilocybin containing fungi in the way they have interacted and continue to interact with the Western world. The interest of ayahuasca in the West emerged in the 1980s and until today it is seen spreading in a different pattern, seemingly preserving much of its original intentions, commons, and rituals.²⁰ Ayahuasca has been used in a wide range of indigenous and traditional contexts all over South America. The ayahuasca brew is made from the vine *Banisteriopsis caapi* and the bitter leaves of the *Psychotria viridis*. In these contexts, it is used for a variety of purposes, such as healing, hunting, divination, celebrations, and rites of passages.²¹

Simon Knoop, spokesman of the organization *Living Gaia*, says in our Zoom-interview that, the use of ayahuasca today in many indigenous contexts is used to heal collective trauma from colonialism as well as to create a sense of community, to ‘fortify the cultural identity.’²² During recent years, what Simon believes can be explained

¹⁹ Merlin Sheldrake, *Entangled Life: How Fungi Make Our Worlds, Change Our Minds & Shape Our Futures*, (London: Random House, 2020), 119.

²⁰ Mauricio Diamant, Bruno Ramos Gomes, and Luis Fernando Tófoli, “Ayahuasca and Psychotherapy: Beyond Integration” in *Ayahuasca Healing and Science*, ed. Labate B.C., Cavnar C., (Springer Nature Switzerland 2021): 64, https://doi.org/10.1007/978-3-030-55688-4_4.

²¹ Diamant, Gomes, Tófoli, “Ayahuasca and Psychotherapy: Beyond Integration,” 63.

²² The non-profit organization Living Gaia aims to exchange knowledge and culture between Germany and the sites where the lineage Huni Kuin resides today in the rural parts of the Amazon in Brazil. Annually they gather for workshops and collective ayahuasca ceremonies in Brazil but also invites the Huni Kuin to travel to Germany to share their knowledge and rituals. Since 2018 they have also started a collecting donation for a land-purchase project to expand the current territory of the Huni Kuin to prevent their land from decreasing due to the deforestation of palm oil and other commercial products. *Zoom interview with Simon Knoop, Living Gaia*, by Ragna Nordström, on December 3rd, 2021.



Figure 23-24. Images from the Huni Kuin's habitat in Brazil.. Source: Simon Knoop, Living Gaia.

by the fact that ayahuasca is reaching a global interest through medicine, the use of ayahuasca is spreading locally to places in South America which previously didn't ‘drink’. The lineage of the indigenous group Huni Kuin, which the organization cooperates with, is one of the oldest known peoples that has used ayahuasca ceremonially. Pluralism exists within the many indigenous practices and some rituals are more connected to spiritual entities, witchcraft, and religion than others. What seems to be a common denominator, however, is the understanding that ayahuasca is a teacher, a living entity that communicates with the participants.²³ In times of uncertainty, many indigenous groups, like the Amazonian lineage *Asháninka*, do what they've done for many generations; they consult the plants in ceremony, seeking spiritual guidance and wisdom. The anthropologists and authors of *When Plants Dream* describe the process of collecting and preparing the brew in the *Asháninka* tradition:

In the morning, at dawn, they stroll into the jungle until they find a twisted vine, a woody liana, twirling in spirals up into the rainforest canopy, the *Banisteriopsis caapi*. They shake the vine that grows in double helices. A piece falls down and they cut it off. This is the part of the vine – they say – that offers itself to be taken. Together with the glossy leaves of *Psychotria viridis*, a bush of the *Rubiaceae*, a coffee family, they prepare the ingredients to make what they call *kamarámpi* – also known as ayahuasca – layering the leaves upon pulverized vines in a metal pot. For hours the brew is cooked over an attended fire until boiled down to a brown liquid by sundown.²⁴

Due to the local preparation of the brew, ayahuasca has been difficult to study in a traditional scientific research setting. The challenges for science in ‘extracting’ the substances without going through the local processes of collecting the plants in the jungle and engaging in the ceremonial manner of preparing the brew (sometimes for hours or days), are many as it demands local knowledge which often have been learned through generations. The ceremonial aspect, has also been seen as an important feature because of how it may inform ‘key elements of psychedelic-assisted therapy’ as well as it explores ‘approaches to healing that lie outside the Western scientific tradition’ which today is important as it calls to ‘revise Western epistemological biases that circumscribe scientific understanding’.²⁵

²³ Diamant, Gomes, Tófoli, “Ayahuasca and Psychotherapy: Beyond Integration,” 64.

²⁴ Sophia Rokhlin and Daniel Pinchbeck, *When Plants Dream: Ayahuasca, Amazonian Shamanism and the Global Psychedelic Renaissance*, (London: Watkins Media, 2019), 4.

²⁵ Weiss, B., Miller, J.D., Carter, N.T. et al. “Examining changes in personality following shamanic ceremonial use of ayahuasca.” *Sci Rep* 11, 6653 (2021). <https://doi.org/10.1038/s41598-021-00665-3>.

Figure 25. The Vine and the Bitter Leaves of Ayahuasca.



Indigenous Cosmologies

To come closer in understanding the way the indigenous view medicine and healing, it's necessary to study their cosmologies. Many of the indigenous cultures around the world view themselves as part of a natural process, they don't fear death because they understand this cycle of life as something very natural. They feel a belonging to nature and no separation from it; for them there is no distinction between nature and culture, it's all nature and it's all culture.²⁶ In the cosmologies of Mexico and the Amazon, the spiritual paradigm can be seen as extending beyond the understanding of any institutional religion within modern western society. The worldview in these cosmologies include profound philosophies of life and ontologies describing, space, time, life and death. The idea of continuity, like Husserl's intentionality, pervades throughout all living and non-living beings; humans, plants, animals, even rocks and minerals, elemental forces like water, air, fire, earth, as well as the realm of the dead. Everything, material and immaterial, embodies the divine in spirit. The spiritual aspect exists as an 'implicit dimension of the material world.'²⁷

The cultural anthropologist and musicologist Bernd Brabec de Mori sees these cosmologies, in comparison to the worldviews prevailing in the western society, as great advantages, mainly due to their ecological understanding of the world which brings certain flexibilities and carries an innovative potential:

This flexibility also extends to the conceptualisation and structuring of time. In western understanding, the past seems 'solidified': the common everyday interpretation of time assumes an objective past which had actually happened, and a historical process determined by intersubjective interpretation of remnant of this past in the present – a search for 'one true past'.²⁸

Such a 'constructive process' can be seen as not being defined by analysing things from the past, but by 'reflecting and re-creating the present'.²⁹ Indigenous methods, such as shamanistic practices, Brabec de Mori argues, are the expressions of bettering, or perhaps manipulating, 'the present situation of the individual, a family or the collective group as identity,' through manipulation 'the

org/10.1038/s41598-021-84746-0

26 Simon Knoop, Zoom-interview, December 3rd 2021.

27 Gina Buenfeld, "The UR Plant," in *The Botanical Mind: Art, Mysticism and the Cosmic Tree*, ed. Gina Buenfeld and Martin Clark, (London: Camden Art Centre, 2020), 18.

28 Bernd Brabec de Mori, "The Magic of Song, The Invention of Tradition and the Structuring of Time among the Shipibo," in *The Botanical Mind: Art, Mysticism and the Cosmic Tree*, ed. Gina Buenfeld and Martin Clark, (London: Camden Art Centre, 2020), 205.

29 Ibid.



Figure 26. Fred Tomaselli, *Field Guides*, photo-collage, guache, acriloc, resin on wood, 2003.

relations between humans and non-humans,' resulting in some shift in reality. Because of their all-encompassing cosmovision, Mario says, 'the indigenous healing world is all about the spirit.' It's about 'the relationship that your energy has to the energy of itself.' A perspective that modern science would never allow:

In the Mazatec tradition the only thing that they see when someone is ill, is that there is a broken relationship with the spirit. This produces some sort of dealignment with the soul, and the soul will have repercussions on the energy and the energy will have repercussions on the mind and the mind on the emotions. And this whole domino-effect ends up manifesting as illness or health. For them it doesn't matter if it's a stomach problem or a broken bone or borderline disease or alcoholism or if you have nausea, for them it's just a broken link with the spirit and the totality. A person is a unit. From the bones to the soul. It's a unit and you cannot separate it. So if there is a problem in your bones or in your eyes or in your mind it's all the same thing. There must be something wrong with the energy.³⁰

The way to address any illness in the indigenous world is a broken connection with the spirit, a broken connection to the 'totality,' as Mario beautifully puts it. It assumes the existence of a spiritual dimension permeating all that

is, the cosmic, the material, the vegetal, the geological; 'an ineffable energetic field in which the body, if put in the right attitude, can participate.'³¹ An energetic field in which the shaman can intervene.

'Shamanism'

The ceremonial use of sacred plant medicines is closely associated with the shamanic tradition. Anthropologists in the early 20th century invented the word 'shamanism' as a classification of the many 'incomprehensible' practices performed by 'shamans.' It derives from the Siberian word 'Saman' which translates to 'someone who beats a drum, enters into trance and cures people.'³² Mircea Eliade, one of the main figures in the history of religion, identified astonishing similarities in the practices and concepts in shamanistic practices around the world. He referred to the shamans as 'technicians of ecstasy.'³³ Where these 'technicians' operate, they specialize in a state of mind during which their 'soul is believed to leave the body and ascend to the sky or descend to the underworld.' A central idea in all shamanistic traditions is the notion of a ladder that connects heaven and earth and which they use to gain access to the world of spirits.³⁴

According to Eliade, the shamanic ladder can be considered the earliest version of *Axis Mundi*, the idea of an axis of the world that connects each and every 'level' of the cosmos, and has since the beginning of civilization been found in innumerable creation myths.³⁵ Jeremy Narby, an anthropologist who studied the multiple indigenous groups in the Amazon as well as participated in plant ceremonies, suggests that the meaning of the axis mundi essentially is to access the 'Otherworld', and to return with the knowledge that is found in these realms. He points out that 'there is a paradoxical passage, normally reserved for the dead, that shamans are able to use while living.' In this way, shamanism can be considered the set of techniques that allows one to 'negotiate this passage, reach the axis, acquire the knowledge associated with it, and bring it back - in order to heal people.'³⁶

Mario's take on the role of the shaman differs from that of Narby. For Mario, the shaman is not a healer, rather the shaman, or 'elder' as he prefers, are merely support, facilitating the experience:

31 Gina Buenfeld, "The UR Plant," in *The Botanical Mind: Art, Mysticism and the Cosmic Tree*, ed. Gina Buenfeld and Martin Clark, (London: Camden Art Centre, 2020), 17.

32 Jeremy Narby, *The Cosmic Serpent: DNA and the Origins of Knowledge*, (London: Weidenfeld & Nicolson, 1998), 15.

33 Mircea Eliade, *Shamanism: Archaic Techniques of Ecstasy*, (Princeton: Princeton University Press, 1964), 4.

34 Ibid., 259-260.

35 Narby, *The Cosmic Serpent: DNA and the Origins of Knowledge*, 63.

36 Ibid., 93.



Figure 27. Carl Jung pictured this 'Tree of Life' as supporting and connecting every aspect of the Cosmos. Source: Art mysticism and the cosmic tree.

'The idea that westerners have of the shaman is that he brings his magic wand, touches your forehead with his finger and enlightens you and like that – you are healed. This simply is not true. The indigenous world is beautifully all about responsibility. You worked to get sick, now work to get well. It's the only way healing happens in the Mazatec Sierra or the Huichol Desert or in the Jungle. You did it, you fix it. And the person, the medicine person, who is there with you is only supporting, assisting, taking care, creating a safe space and atmosphere, taking care of the dosage of the medicinal plants, supporting you during the process. But they will not heal you. The word facilitator is very often used in this frame.'³⁷

This approach can be difficult for some people to accept but in the shamanic healing, this mind-set is crucial in the process of healing. The same goes for the use of substances in themselves: the idea of a pain-soothing drug is a western construct. Compared to the use of drugs in the west, the ceremonial use of ayahuasca and psilocybin can inform what Michael Pollan calls a 'moral model of drug use'. Instead of focusing on a chronic dependence on drugs like painkillers the ceremonial use of sacred plants is all about: 'focusing on personal healing, rebuild-

37 Gomes, Zoom-interview, December 28th, 2021.

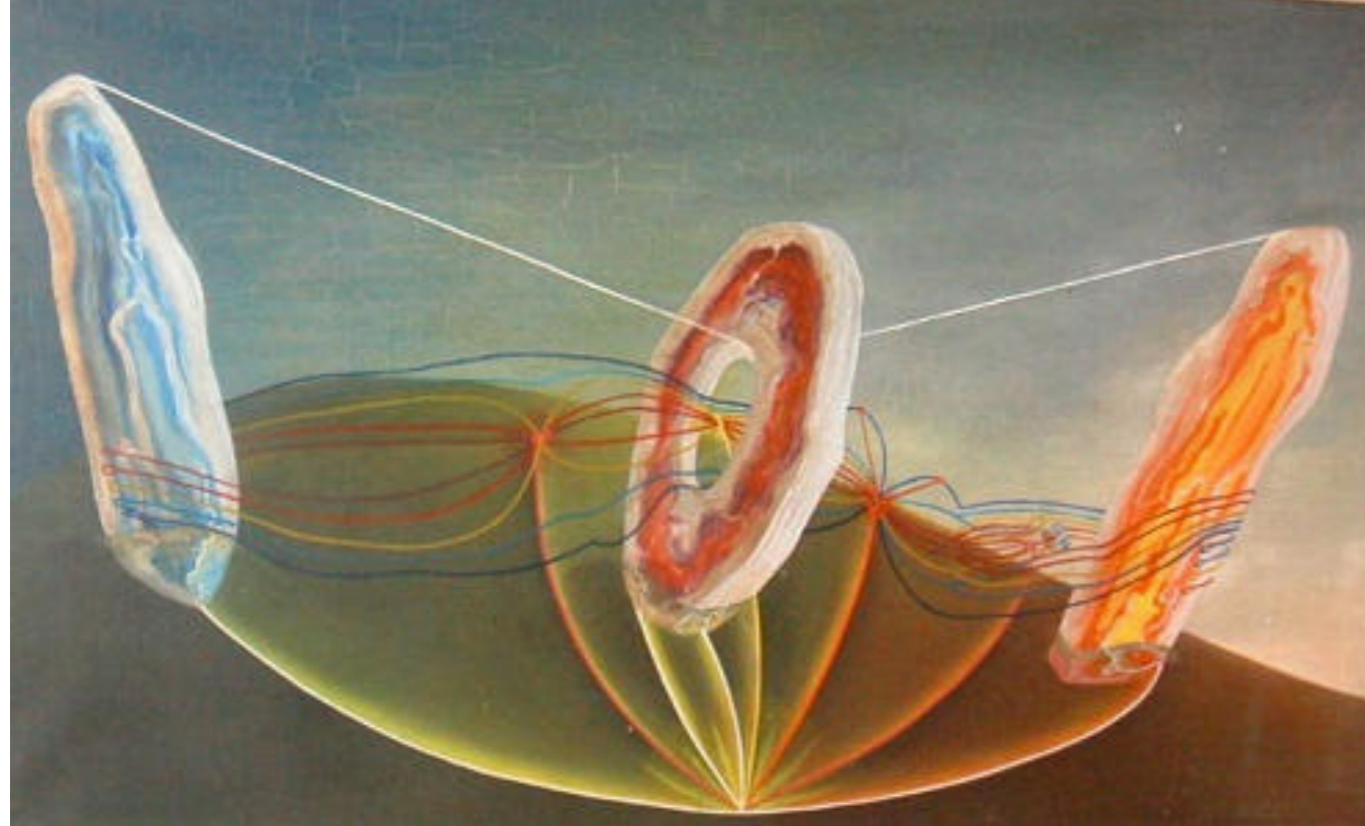


Figure 28. Ithell Colquhoun, *Sunset Birth*, c. 1942. I

ing community, harmonious family relationships, connection with the Divine and avoidance of addiction.' Knowing that such a model exists, Pollan suggests, 'requires us to reconsider the whole concept of 'drugs' and the moral failings we associate with them.'³⁸ A psychedelic experience, especially in a ceremonial and collective setting, is work. Hard work. In many traditions, the shaman often dwells at the periphery of the community. This separation reflects a deeper meaning, providing a socio-spatial expression of a symbolic position with regard to the community. The shaman is an 'edge-dweller,' someone who dwells in the liminal space between different worlds. Positioned at the edge, between the unknown, the wilderness and the familiar community, it reflects the role as an intermediary between 'spirit and matter, heaven and earth, rational and ephemeral.'³⁹

The lineage of the Shipibo-Konibo, believes that the *onanyabo* – those who work with *oni* (ayahuasca) – is able to perceive energetic fields and permeating the body of their patient during a ceremony. After years of practice the *onanyabo* learn to notice such energies in the form of patterns and work with them.⁴⁰ The serpent is another important figure in the shamanistic practices and can be found in almost all indigenous art. Narby notes that in the lineage of *Desana*, an indigenous Brazilian people, two intertwining serpents which recurs in their art, symbolizes a binary opposition which has to be overcome in order to 'achieve individual awareness and integration.'⁴¹ For many

38 Pollan, *This is Your Mind on Plants*, 212.

39 Rokhlin and Pinchbeck, *When Plants Dream: Ayahuasca, Amazonian Shamanism and the Global Psychedelic Renaissance*, 72.

40 *ibid.*, 73.

41 Narby, *The Cosmic Serpent: DNA and the Origins of Knowledge*, 57.

of the indigenous communities it is by altering the state of consciousness that one crosses this passage, by going back and forth between these worlds, bringing back useful knowledge that before was unobtainable.

Ritual and Ceremony

'In the indigenous world everything is a ceremony,' Mario says. 'Living is not a mechanical thing; every day is a unique relationship with life.' For the Mazatec people the ceremonial way of life constructs a purposeful frame in which to behave in specific ways to thank life. It's a way of living. In addition to this philosophy, they engage in different daily ceremonies. For instance, when they harvest the crops or when to place the seeds in the ground, to ask for the land to drill a dwell or to build a house, to bury their dead, to bring a baby, to welcome the rain.⁴² The healing mushroom ceremony is deeply ingrained in the social fabric. In every traditional house in the Sierra, there is a ceremony room. The ceremony room is 'the heart of the house.' In this room the family will gather to heal. 'Many times, the illnesses are family illnesses due to a disharmonious relationship like a disagreement or trauma, in those situations, the whole family get sick,' Mario says. They consider collective disharmonious events like illnesses. The collective healing practices have impact on the whole community because it is seen as creating healing ripples from one family to another.

For the Huni Kuin, the ceremonies and the preparation of the medicine 'brew' includes the participation of the whole community. Each one responsible for different tasks in the preparation. The preparation is a ritual in itself. The ayahuasca ceremony takes place once a week in a special communal space, mostly during the night.

'I had done several ayahuasca ceremonies in a non-indigenous way before but the experience with the Huni Kuin was very different,' Simon discloses, 'the main difference is the use of music.' Music creates a dramaturgy that leads through the ceremony, reflecting different stages or characteristics of the medicine, which are supported by singing. 'I didn't know the meaning of the songs, but they were very healing in themselves.'⁴³ In the *Shipibo-Konibo* lineage, as with many other indigenous groups, music is an important tissue in the ceremonial setting, especially when it comes to healing. The shaman usually performs *icaros*, a sort of healing music that is whispered, whistled, and sung to stimulate contact with other dimensions.⁴⁴ As the language of the spirits, music

42 Gomes, Zoom-interview, December 28th, 2021.

43 Knoop, Zoom-interview, December 3rd 2021.

44 Bernd Brabec de Mori, "The Magic of Song, The Invention of Tradition and the Structuring of Time among the Shipibo," 206.

is considered sacred and potent.

Nature as Medicine

The ceremonial use of sacred plants is closely associated with the shamanic tradition. Sacred plants have an alchemical nature, and like the paradigmatic passage of the serpent, they have the potential to bring forth truth from the unconscious, induce transcendent states and provide access to mystical encounters with divinity.⁴⁵ The famous herbal medicines are of course the psychoactive ones, but in general they use plant medicines for a lot of reasons, like *Salvia Divinorum*.⁴⁶ Indigenous communities derive shelter, clothing, food, weapons and medicine, from nature. For the Shipibo-Konibo, in the Peruvian Amazon, the forest is the most important thing they have. Over the centuries, indigenous cultures has cultivated plant knowledge as well as learned to live in ‘intimate symbiosis with the invisible powers and chemical messengers hidden in the biotic world.’⁴⁷ The use of psychoactive plants which alters states of consciousness is considered ‘a means of transportation (between realms), transformation (through healing), and ultimately transmutation (enlightenment).’⁴⁸ Mario suggests that what you really access during a sacred plant ceremony is an heightened state of consciousness and the dissolution of the ego:

It’s impossible to understand or to describe in normal language what happens. Sacred plants take you a situation where the veils are taken off your eyes. The facades that we have built up begins to collapse in front of our eyes, until the illusion has completely crumble and the ego is not operative anymore. For the Mazatecs what they are really looking for is to stop the ego from operating for a few hours. If you take sacred plants like mushrooms or ayahuasca it will eventually stop your mind from thinking. Then you are left aware. In silence. In consciousness. The basic invitation of sacred plants is to know that; you can expand into consciousness and transcend every moment.⁴⁹

Ethnobotanist and biologist Richard Evans Schultes, learned from living in the Amazon in the 1950s that: ‘yage (ayahuasca) was for more than a shamanic tool; it is the source of wisdom itself, the ultimate medium of knowledge for their entire society.’⁵⁰ In the ayahuasca community it’s a common belief that the medicine is intelligent. If ayahuasca is an intelligent entity, what is her agency? Canadian Scholar Elena Andrade proposes that:

45 Buenfeld, “The UR Plant,” 15.
46 Gomes, Zoom-interview, December 28th, 2021.
47 Narby, *The Cosmic Serpent: DNA and the Origins of Knowledge*, 8.
48 Buenfeld, “The UR Plant,” 15.
49 Gomes, Zoom-interview, December 28th, 2021.
50 Rokhlin and Pinchbeck, *When Plants Dream: Ayahuasca, Amazonian Shamanism and the Global Psychedelic Renaissance*, 12.

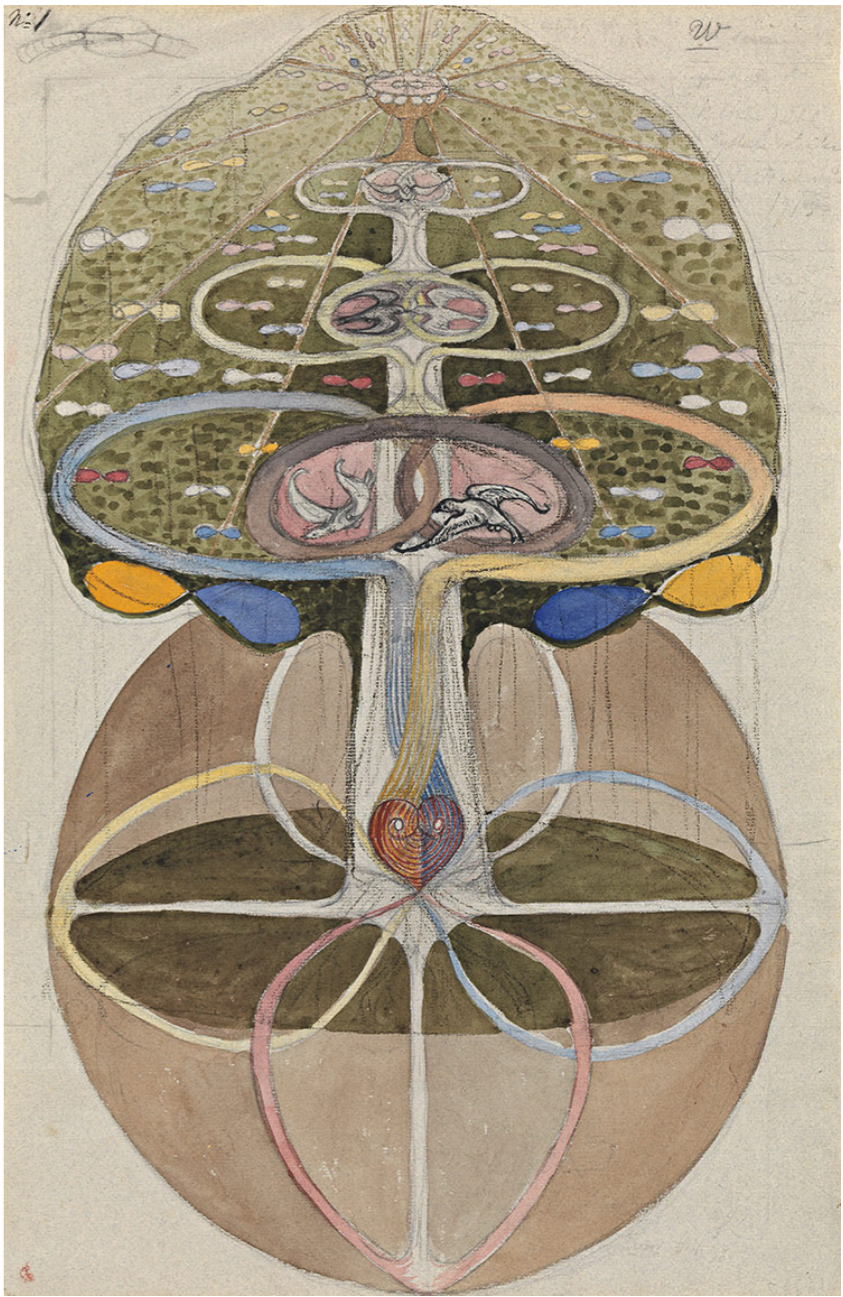


Figure 29. Hilma af Klint, Tree of Knowledge, No 1, The W Series, 1913. Watercolour, gouache, graphite and metallic paint on paper.

‘An integration of these plants into personal practices raises question about the limits of the human, and whether interspecies communication represents the next stage of development for our species of the planet. It is possible that ayahuasca has a meaningful role in our future evolution?’⁵¹

Plant Intelligence

The plant kingdom with its variety of species have been intimately entangled with the history and evolution of humanity. Providing a source of shelter, fuel, tools, decoration, adornment, medicine, the importance of plants can’t be stressed enough. Despite being fundamental to the existence of life, plants have for long been subject to devaluation, instrumentalization and neglect by western industrialized society. For me, it’s hard to talk about the relationship to these plants, they are not just some plant or substance, they are sentient beings. They are not

51 Rokhlin and Pinchbeck, *When Plants Dream: Ayahuasca, Amazonian Shamanism and the Global Psychedelic Renaissance*, 9.

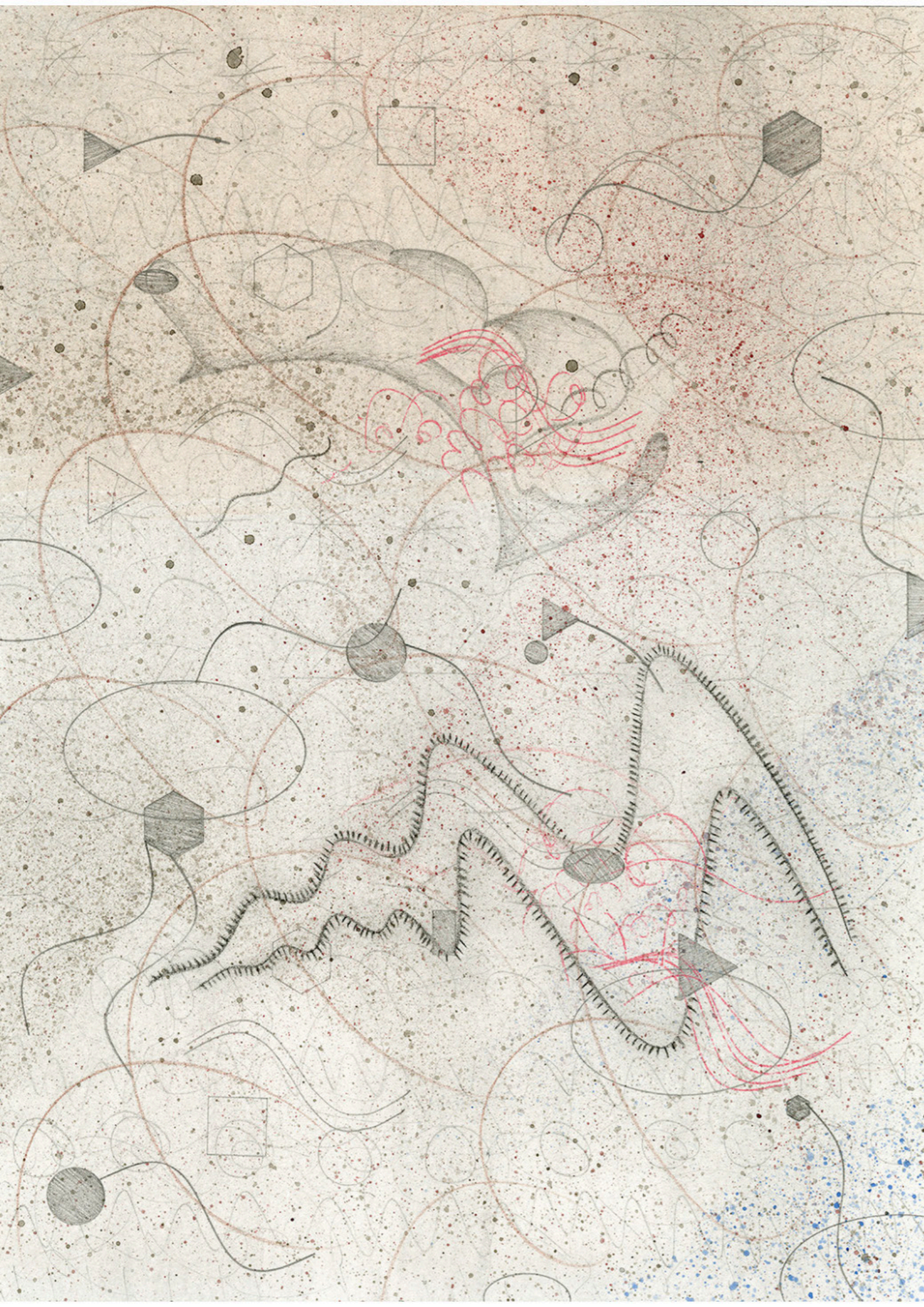


Figure 30. Gemma Anderson, *Relational Process Drawing*, Camden Art Centre, 2020

a ‘thing,’ but a relative. In a similar manner, the authors of *The Botanical Mind*, dive into what they call ‘plant sessility,’ building the argument that plant should be regarded as intelligent, sentient beings. A view shared by many indigenous traditions. Instead of seeing plants as passive and unintelligent, plants demonstrate ‘communication, memory, learning and problem-solving’, *attributes commonly affirmed intelligent beings*:

Plants have the ability to learn from experience and their environment: they interact not just with other plants, but other animals and insects in complex and highly manipulative ways, and their rhizomatic root structure and decentred collective intelligence, provides a hyper efficient model for gathering and communicating information – a far more modern and radical way of thinking about social and environmental relations.⁵²

The authors ask ‘what exactly does it mean to talk about plants in this way? To ascribe them not just a kind of agency, but a kind of intelligence or consciousness even?’ In *the Life of Plants: a Metaphysics of Mixture* (2018), philosopher Emanuele Coccia develops an ‘atmospheric’ ontology based on the vegetal world:

One cannot separate the plant – neither physically nor metaphysically – from the world that accommodates it. It is the most intense, radical, and paradigmatic form of being in the world. Plants embody the most direct and elementary connection that life can establish with the world. The opposite is also true: the plant is the purest observer when it comes to contemplating the world in its totality.⁵³

This totality defines a relationship of *absolute interiority*. Because ‘if everything is everything, not only does each thing contain all other things, but a thing has to find itself within no matter what other thing.’ For us to be talking of plants then, it demands a different kind of talking. *Plant ontology* is a sort of being in the world where one no longer is able to experience being in a place without finding this place within yourself, thus ‘becoming the place of your place.’⁵⁴ The vitality of life that perpetuates the plant kingdom can thus be understood as producing an infinity of ‘becomings’: plants become not an object nor a body, but a process. Process philosophers like Alfred North Whitehead consider the ontology of life as a process, an ‘event

52 Martin Clark, “On Being Sessile,” in *The Botanical Mind: Art, Mysticism and the Cosmic Tree*, ed. Gina Buenfeld and Martin Clark, (London: Camden Art Centre, 2020), 183.

53 Emanuele Coccia, ‘On Plants, or the origin of the World, in *The Life of Plants: A Metaphysics of Mixture*, 1st ed, (New York: Wiley, 2018), ch.1, <https://www.perlego.com/book/1536699/the-life-of-plants-pdf>.

54 Coccia, ‘Everything is Everything’ in *The Life of Plants: A Metaphysics of Mixture*, ch.9,

ontology'. An ontology of events describes the world as temporal entities, ordered by relations.⁵⁵ In this instance, architecture, like art, is a process too. A process of unlimited unfolding, 'of creation and growth,' which produces material abstractions of intuition, perception, sensation, enquiry, speculation and thought.⁵⁶

In his final section, Coccia urges the reader who is concerned with epistemology that 'instead of aiming to build itself out of cognitive elements already structured, ordered and dressed up,' she who seek true knowledge, should aim to 'transform any subject, object, or event into an idea, just as plants are capable of transforming any scrap of earth, air and light into life.' For Coccia, this would construct a radical, liminal cosmology, refusing the mechanistic worldview, 'indifferent to the places, forms and ways in which it is practices.'⁵⁷ This echoes Barad's agential realism and her construction of an onto-epistem-ology, where 'knowing is a material practice of engagement as part of the world in its differential becoming.'⁵⁸

Becoming and Healing

The worldview of the indigenous world can be seen as reflected in the noetic realm: the universal and intentional spirit transcending structures of mind, structures of language, structures of known territories, looking beyond these structures. The indigenous world, through their ceremonial way of living they constantly interact and relate to nature, their ancestry, their mortality and their vitality.

What is healing about for the Mazatec people? I ask Mario during our interview. His answer reveals a lot about the problems of modern medicine, the disconnection to life and the understanding of life as process:

The Mazatecs never consider themselves completely healed. You never really finish healing. It's an invitation to continue transcending your imperfections. Basically, we are born ill, and the quest is to find a path to harmony, little by little. That is more the indigenous perspective. Recognizing that there is an aspect that you have neglected or ignored and that you have to become aware of. It's deep work. You come to a sacred plant ceremony, four to six hours of intense work, to figure out what you're going to do with yourself. To see if you can get a glimpse into how you can grab your consciousness. *The work is about recovering yourself.*⁵⁹

55 Johanna Seibt, "Process Philosophy", The Stanford Encyclopedia of Philosophy (Spring 2022 Edition), ed. Edward N. Zalta, <https://plato.stanford.edu/archives/spr2022/entries/process-philosophy>.

56 Clark, "On Being Sessile," 191.

57 Coccia, 'On Speculative Autotrophy,' in *The Life of Plants: A Metaphysics of Mixture*, ch.14.

58 Barad, *Meeting the Universe Halfway*, 89.

59 Gomes, Zoom-interview, December 28th, 2021, my emphasis.

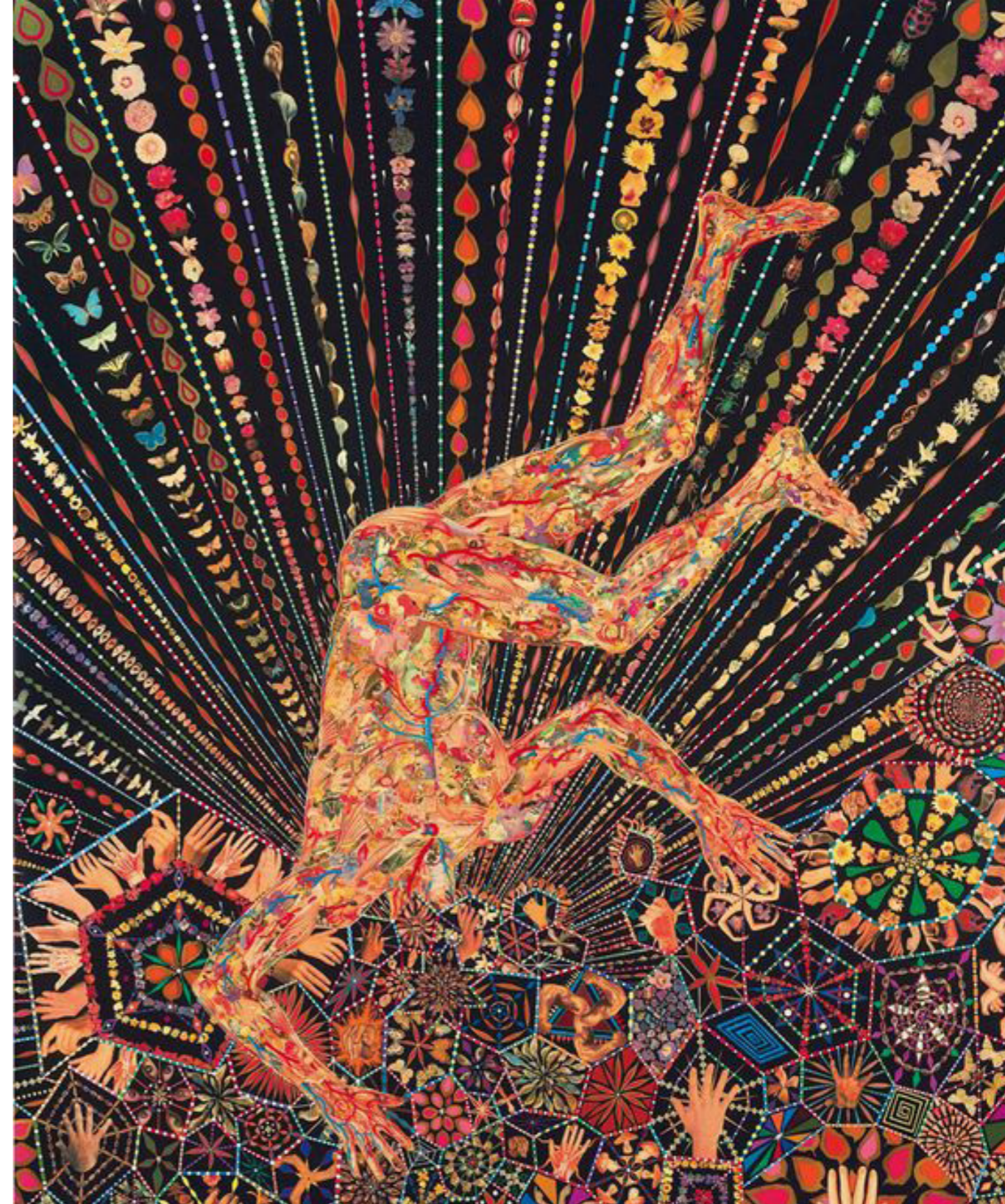


Figure 31. Fred Tomaselli, *Organism*, 2005.

In consensus with Mario, Gabor Maté, physician and addiction specialist, believes that illnesses are caused by a psycho-spiritual condition, rather than merely physical. For Maté, modern medicines' pursuit of 'the cure' fails to grasp the very 'essence of healing.' In *In the Realm of Hungry Ghosts: Close Encounters with Addiction* (2008), he builds this argument by studying people with severe addiction. In the epilogue he talks about how he learned about the approach of ecological healing through the encounters with shamanic plants medicines and practices, such as ayahuasca. He writes about modern medicine's failure to acknowledge an 'ecology of healing'; of seeing

illnesses as ‘isolated, accidental and unfortunate, rather than the outcomes of lives lived in a psychological and social context; as the body’s expressions of experiences, beliefs and patterns of relation to self and the world.’⁶⁰

The indigenous use of psychedelics plants arises from an old tradition where ‘the body and mind are seen as inseparable.’ He states that ‘in a proper ceremonial setting ayahuasca and other plant-based practices, may achieve in a few hours, what years of psychotherapy can only aspire to do.’⁶¹ For Maté, the healing properties of sacred plants may reveal the essential unity of mind and body. The role of experience he thinks, can ‘powerfully affect the hormonal apparatus, the nervous and immune systems, and all organs such as the brain, the gut, and the heart.’⁶²

Even though recent brain-imaging studies suggest that there is evidence for the positive effects caused by psychedelic treatment (like increase of blood flow to different areas of the brain) they don’t attempt to illustrate the experience of the participant. In the end it’s the participants – not their brains – that has the experience. What is exciting is that it’s exactly the experience in itself that creates the therapeutic effects of psychedelics. In studies that measured the effects of psilocybin on terminally ill cancer patients, those who had the strongest mystical experiences showed the highest reduction in symptoms such as anxiety and depression. Patients’ psychedelic experiences themselves appear to be the cure.⁶³ What the psychedelic experience offers it the ‘dissolution of the ego,’ a loss of self which allows oneself to become part of a greater whole, sensing a profound feeling of empathy and oneness with universe.

Today, around the world an estimated 240 million are alcoholics, 15 million inject drugs and more than a billion are addicted to tobacco. Worldwide, about half a million deaths are attributable to drug abuse.⁶⁴ These drugs are the ones that trigger the dopamine circuit, inducing floods of artificial pleasure. Sugar, shopping, gaming, and other digital addictions as well are linked to the dopaminergic effects. As the leading cause of disability worldwide, 280 million people suffers from depression, a number which is expected to rise with the COVID-pandemic. Of

60 Gabor Maté, “The profound power of an Amazonian plant – and the respect it demands,” The Globe and Mail, December 21st, 2015, <https://www.theglobeandmail.com/opinion/the-profound-power-of-an-amazonian-plant-and-the-respect-it-demands/article27895775/>.

61 Gabor Maté, In the Realm of Hungry Ghosts: Close Encounters with Addiction, (Berkeley: North Atlantic Books, 2008), 25.

62 Gabor Maté, “The profound power of an Amazonian plant – and the respect it demands.”

63 Sheldrake, Entangled Life: How Fungi Make Our Worlds, Change Our Minds & Shape Our Futures, 123.

64 Opioid Overdose,” World Health Organization, August 4th, 2021, <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose>.

those affected, a disproportionality high rate is reported from African American and Hispanic communities, with women more likely to report problems than men.⁶⁵

As the fourth leading cause of death in young adults, 700 000 people die to suicide every year,⁶⁶ sadly, a common advancing of mental health issues of all kinds. In 2021, eating disorders affected at least 9% of the population worldwide, and among the deadliest of mental illnesses, 26% of people suffering from eating disorder attempt suicide.⁶⁷ Eating disorder is commonly linked with body dysmorphia, a condition which suggest some sort of mental disconnection to the body. Even though research is only emerging, preliminary studies suggests that psychedelics like ayahuasca offer a powerful treatment - an experience I myself have gone through. Patients in these studies report feeling a ‘renewed appreciation for the miracle of life, as well as their own embodied, earthly lives,’ overcoming the deep sense of self-loathing and disgust commonly experienced by patients.⁶⁸

Through an interaction with the indigenous practices, we can learn that the body and the mind are not separated. Without a change of paradigm, Western medicine may remain incapable of finding usable solutions. Through the emergence of psychedelic ‘clinics’, places where people may access this healing, architecture can possibly help steer towards such a paradigm shift.

Colonialism

The topics of colonialism, exploitation and extinction penetrates this whole thesis. I started this investigation as a means to seek perspectives peyorated by the West, an idea that emerged through my own interactions with plant medicines. Even though I never felt that these encounters in any way disrespected or appropriated the medicine nor the practice, landscapes which hold the wounds of colonialism, patriarchy, and the destruction of the planet, are landscapes that I – almost each session – have wandered, in essence and at heart, always leaving me with a bitter shame. One session, the experience was entirely characterized by the historical and universal wounds of patriarchy, where I had to experience the grief and pain felt by every being who had ever felt the pain of patriarchy. For an hour or so – what felt like thousands of years – I carried

65 The Implications of COVID-19 for Mental Health and Substance Use,” KFF, February 10th, 2021, <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

66 “Depression,” World Health Organization, last modified September 13th, 2021, <https://www.who.int/news-room/fact-sheets/detail/depression>.

67 Jon Arcelus et al. “Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies.” Archives of general psychiatry 68,7 (2011): 724-31. <https://doi.org/10.1001/archgenpsychiatry.2011.74>.

68 Rokhlin and Pinchbeck, When Plants Dream: Ayahuasca, Amazonian Shamanism and the Global Psychedelic Renaissance, 112. Knoop, Zoom-interview, December 3rd, 2021.

the suffering and the pain. In the experience of oneness, it was still possible for me to, at the same time, feel the shame of being part of the side that is held accountable.

After studying the Huni Kuin, Simon learned that patriarchal structures are a problem that was brought with colonialism, what he calls the ‘colonization of mind’. Before this moment in time, most indigenous cultures were non-hierarchically structured, often with a strong matriarchy. Somewhere along the way they adapted to the patriarchal structure. The structure of a leader, a chief in charge of decisions, was also a structure that the inquisitors brought with them: ‘in order for the colonizers to colonize they initiated such hierarchies to be able to impose their new laws and rules, to efficiently control and manage the indigenous peoples.’⁶⁹ Another example of the colonization of mind of the indigenous people can be seen in the presence of punishment methods on kids today. Such methods were also introduced by the Europeans. A similar pattern can be seen with domestic abuse: ‘They reproduce the very same patterns that were inflicted on them,’ Simon acknowledges. Many women are also becoming medicine women again, something that they traditionally had been, but which disappeared more and more with colonization. Throughout the thesis we’ve touched upon questions of intellectual property, cultural appropriation and further colonization of the indigenous. To what extent can their healing practices be spread to the West?

In the interview with Simon I ask him about how the Huni Kuin approach the global interest in the medicine. After all, their organization started as a means of cultural exchange:

I have the perception that most people are positive to the spread of ayahuasca because it creates new connections. For us, this was the main interest and message from the medicine from the beginning, why we decided to start this project with the Huni Kuin. Now it has of course developed into a deeper exchange of culture, friendship and relations, not focusing so much on ayahuasca specifically. Westerners are very fascinated by ayahuasca, and the hope is that this can be beneficial for the indigenous. More conventional elders believe that ayahuasca shouldn’t be spread and should not be taken by anyone, emphasizing the ceremonial way of doing it, and for them everyone is not fit for the spiritual experience. But today, most of the Huni Kuin are open to the spread of ayahuasca, they are proud of their culture and see this as a possibility to share their knowledge but important to remember they also see it as a means of making revenue, an economical opportunity.⁷⁰



Figure 32-33. Huni Kuin Weaving, Simon Knoop, Living Gaia.

Because the Huni Kuin are already in what Simon calls ‘the money-loop’ it’s better if they’d make more profit: potentially as with fair trade organic coffee or cacao, ayahuasca can provide long-term income for ethical local grower and a ‘cultivation’ of these plants can provide a path toward a sustainable and equitable future for indigenous communities.⁷¹ For Simon the critical point in this ‘westernization’ of the medicine and in the process of taking it ‘out of context’, will be to strongly honour the medicine and the heritage of it. To avoid cultural appropriation, it’s important not to mimic or ‘take’ aspects of the ceremonies without permission, for example the use of songs or music, but instead adapt the experience to something that is meaningful to the western participants.

For Mario, the question of the western interest seems less problematized, perhaps from the historical background of ritual tourism already taken place in the Mazatec Sierra and the surroundings:

I think it’s wonderful that it has spread to the West, for it will be able to heal a lot of people. Yes, it’s beautiful how these sacred plants are used in the indigenous world. It’s also very beautiful that the western world has taken the courage to look back into nature and native traditions. Yet, I think the biggest mistake, what westerners has done from the beginning, is to try to be them [the indigenous] when we will never be them. You can only be an observer – from very far away. And therefore, I find very nice, after decades of fighting [referring to the War on Drugs], we have the right to explore ourselves without anyone trying to control us. Thanks to that, finally the system has acknowledged that these medicines are incredibly useful. [...] And maybe it’s going to be synthetic psilocybin. I have seen the settings they give these substances in a therapy room with the eye-shades and the binaural sounds in their ears, with a cosy cover and a comfortable cushion and the psychiatrist holds their hand during the session. For me these are incredibly sad and pathetic settings, but, if there is someone who has this possibility through synthetic substances in a small therapy room, and this experience still can make them open their consciousness and change their life. If you’re going to come out of that hospital better than before, great.⁷²

Decentralization

The global renaissance in psychedelics and rising popularity indicate we might be in the apex of a profound paradigm shift, reflected in science, philosophy and possibly religion. Thomas Roberts, professor in educational psychology, presents a theoretical framework for under-

⁷¹ Rokhlin and Pinchbeck, *When Plants Dream: Ayahuasca, Amazonian Shamanism and the Global Psychedelic Renaissance*, 112.

⁷² Gomes, Zoom-interview, December 28th, 2021. Rokhlin and Pinchbeck, *When Plants Dream*, 122-123.

69 Knoop, Zoom-interview, December 3rd, 2021.

70 Knoop, Zoom-interview, December 3rd, 2021.

pinning the contemporary rediscovery of the psychedelic experience in relationship to the history of religion. He posits that with the spread of psychedelic medicine, if directed towards the mystical experience, we might see a transition from an ‘era of word-based religion’ to an era of ‘experience-based’ religion. A future religion could be a combination of practices that integrate an access to mystical experience and science of consciousness. The possibility of exploring altered states in safe settings may lead to the participants learning how to ‘access particular dimensions of consciousness as well as subtle capacities like intuition, inspiration and imagination.’⁷³

And like the practices of indigenous peoples, knowledge extracted from these states could then be applied in the normal experience of the world, almost like the development of meditation, except this are induced by psychedelic substances in ceremonial settings. Science and spirituality can finally synthesize in a creative, decentralized practice. Parallels can be drawn to the wave of decentralization taking place globally today. Cryptocurrencies challenges the institutional structure of money. In a similar way, the decentralization of spirituality and health, challenges at once the institutional structures of medicine and religion. And these decentralized structure holds a promise to heal the population. For Mario, the ‘psychedelic movement’ is still too egoistic:

One of the great problems with the ‘psychedelic movement’ today in the west is that many people approach it incredibly egoistical. And in that sense, compared to the indigenous, it’s still very immature, and it’s not going to bring an operative humanity [...] It’s important to heal individually, but at the scale of humanity, the potential of an individual healing is also that it can heal the next person. If we have a society where everyone is responsible for healing themselves, to recover their relationship with themselves, their bodies, nature – if each one of us is responsible – then we can talk about collective healing, to be better for one another.⁷⁴

However, for a decentralization to occur, these healings must be accessible to everyone. As the West acknowledges these substances as beneficial a ‘decriminalization’ of nature will take place, but what must come along is the ‘democratization’ of these practices. Currently, such therapies exist in a privileged layer of the western society.⁷⁵ The illegal status of these medicines creates unregulated ‘underground-practices’ where the facilitators put a high

73 Rokhlin and Pinchbeck, *When Plants Dream*, 122-123.

74 Gomes, *Zoom-interview*, December 28th, 2021.

75 Roberto Lovato, “The Gentrification of Consciousness,” *Alta*, January 4th 2022, <https://www.altaonline.com/dispatches/a38326035/psychedelic-drugs-gentrification-roberto-lovato/>.



Figure 34. Frida Kahlo, *Self-Portrait on the Border Line Between Mexico and the United States*, 1932.

price for consciousness, or it forces well-paid tech-workers abroad to join a 'authentic' indigenous ritual in luxurious retreats. Both paths perpetually exclude the major part of society. The emergence of a 'psychedelic-industrial' complex may continue to increase social, economic gaps, leading to the 'gentrification of consciousness.' How can this be avoided? How can we assure the decentralization of health; healing which is equal and accessible to everyone?

Conclusion

As the interest to integrate healing practices from the indigenous world grows, it will be difficult to define a respectful path with integrity. Without careful attention and consideration, dialogue and exchange, we risk perpetuating the history of colonisation and exploitation. The realization of the egocentric, predominantly white, individualistic, self-care model of psychedelic healing that is emerging right now implies that there needs to be an inclined format for these practices to take place. A format which holds this complexity of practice, ecology, collectivity, pharmacology and culture while responding to the enforcing of local integrity, history and ancestry? An incredibly important aspect reflecting on the social fragmentation in the West, and especially in Sweden. Our notion of collectivity is long gone.

How can the epistemological aspects be emphasized; how can we learn to 'hear' the message of the plant kingdom? How can we really acknowledge the importance and sessility of the vegetal world and prevent further reduction and exploitation in the shape of fast-working pills and mass-production? And with an recognized plant onto-epistemology, can nature really be criminalized? What sort of environments, programs and places can we create to answer these questions? *In which ways, settings and formats can we think of the hospital in the 21st century?*

And perhaps the most radical question of them all; can sacred plant healing alter the global level of consciousness? And if so, can this heightened state be the answer to our planetary social, economic, political, and ecological dilemmas?



Figure 35. Hildegard af Bingen, *Cultivating the Cosmic Tree* from *Liber Divinorum Operum*, 13th century.

*To be orientated is also to be turned toward
certain objects, those that help us to find our way.
These are the objects we recognize, so that when
we face them we know which way we are facing.
They might be landmarks or other familiar signs
that give us our anchoring points. They gather on
the ground, and they create a ground upon which
we can gather.*

CHAPTER THREE

The Architect and the Noet

In the following chapter, the philosophical notion of the noetic will be explored, as a method of moving from personal experience to shamanic cosmology to the realm of philosophy and architectural theory. Departing from Edmund Husserl's phenomenology, the noetic is investigated as a perceptive and cognitive instrument with the potential to open up rigid thinking and prejudice, offering new ways of 'seeing' in the world. Rather than the dualist separation of the body and the mind, the noetic realm is about feeling together with thinking, a perception which produces other types of knowledges. Such perception can be drawn to Deleuze's theme of symptomatology. Architects, like poets and clinicians, can be seen as 'symptomalogists' or Noets. From this philosophical position I discuss the noetic in relation to the themes discussed in the previous chapters: Body, Space and Knowledge, intending to move towards ways of thinking about architecture and towards the development of design methods. Through noetic methods, architecture has the potential to dissolve and rethink cultural and socio-political boundaries.

Phenomenology

Edmund Husserl, as one of the many critics of Descartes' method and ontology, provided modern society with an articulation of a 'scientific philosophy', aimed to methodologically describe experience. In his *Cartesian Mediations* (1960), Husserl develops his project of moving from observation to experience, searching for an alternative scientific systematic universality to the examination of the 'things themselves,' forming what he calls a 'genuine science' (later becoming the philosophical branch of phenomenology).

In a paragraph called *Evidence and the Idea of Genuine Science* Husserl considers how evidence must be, 'in an extremely broad sense, an "experiencing" of something that is, and is thus; precisely a mental seeing of something itself.'¹ Husserl adopts the first-person awareness as epistemic basis, and from there, proposes a systematic study of such consciousness through a methodology called the 'phenomenological reduction.' Having reduced the ego to a transcendental dimension, one can examine the world as it appears to her and truly discover its meaning. So, how, in the transcendental dimension, can meaning, objectivity and validity be achieved? This, Husserl explains through the notion of intentionality; the directedness of any mental experience to an object, an analysis concerning consciousness in its universality and relations.

¹ Edmund Husserl, *Cartesian Meditations: An Introduction to Phenomenology*, trans. Dorion Cairns, Seventh impression, (The Hague: Martinus Nijhoff Publishers, 1982), 12.

Intentionality

Husserl's intentionality enables an understanding of how mental processes are 'to be consciousness of something.' Intrinsic to every mental process there is a conscious 'regard' which is directed from the ego to the 'object.' Thus, a perceiving is always 'a perceiving of something.'² Through the phenomenological lens, all sorts of interrelated objects might appear to us, and what is presented is a potential field of perception, flowing together into the intuitive unity as a conscious field.³ Intentionality is the characterization of this flow as unifying in consciousness.

The concept of intentionality employed by Husserl can be traced back to the philosopher and psychologist Franz Brentano. Brentano posits that philosophy and especially psychology, should adopt a 'scientific' method based on observation, facts, and induction, through an empirical epistemology which relies on consciousness or inner perception as the main source of knowledge.⁴ In *Psychologie* (1874), Brentano looks at intentionality, however, not from a phenomenological standpoint. Instead, Brentano seeks criteria which can distinguish physical and psychical phenomena as a means to differentiate the realm of experience of the natural sciences from psychology.⁵ For Brentano, every psychical phenomenon displays, as the defining character, a relational structure: an intentional relation. Moreover, every psychical phenomenon shows two correlates: first, an act of consciousness and second, the object of which the act is perceived, not to be mistaken for the actual physical object, but rather what is perceived as the immanent object in the mind,⁶ what can be thought of as the meaning of the object. The act is the directionality of intention while the object is the content of the act; the correlating object perceived is the content of the conscious act. Like Husserl there must be an object or content to which a conscious act is directed. Thus, every mental process, such as thinking, remembering, feeling is always directed and correlating towards something. This implies a certain subjective agency, crucial to the development of Brentano's empirical epistemology.

² Edmund Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy, First Book: General Introduction to a Pure Phenomenology*, trans F. Kersten (The Hague: Martinus Nijhoff Publishers, 1983), 199.

³ Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy*, 200.

⁴ Wolfgang Huemer, "Franz Brentano", *The Stanford Encyclopedia of Philosophy* (Spring 2019 Edition), ed Edward N. Zalta, <https://plato.stanford.edu/archives/spr2019/entries/brentano/>.

⁵ Peter Andras Varga, *Brentano's Influence on Husserl's Early Notion of Intentionality*, *Studia Universitatis Babes-Bolyai, Philosophia* (1-2), 2014, 31.

⁶ Franz Brentano, *Descriptive Psychology*, trans. Benito Müller, (London: Routledge, 2002) 180.

Noesis and Noema as Intentional Act

Scholars have criticized Brentano for not clarifying an ontological standpoint of the intentional object,⁷ where his initial formation does not address any ontological status, i.e., can the primary content be an imaginary object? An important problem considering Brentano's desire to differentiate specifically the psychical and physical realm. Husserl approached this problem by exploring only the conscious act itself. Husserl refers to the experience's directedness as 'noesis' (from the Greek *nous* 'intelligence, thought'), and to the object experienced as 'noema' (from the Greek *noêma* 'concept, idea, perception').⁸

For Husserl, the study of intentionality is the analysis of the noesis-noema correlation, stepping into the conscious act and the 'content' of consciousness itself. Ultimately developing a method of meaning through showing that an individual consciousness contains in itself an objective content. This objective content can be reached through the phenomenological reduction presented earlier, a reduction of everything that is the 'external' perception such as prejudice, and language, that which is 'normal.' In regard to the question of imaginary content, that is when not perceiving a physical thing at all, Husserl elaborates on the phenomena of turning our regard to an object of memory.⁹ Instead of going through a perceptual noesis, the regard goes through a 'remembering noesis,' leading into a world of memory. Thus, for Husserl, the noetic experience can be both that of immanent perception, but it can also be that of a commemorative experience. Through the *noema*, even imagination and concepts can become intentional acts.

'Owing to its noetic moments, every intensive mental process is precisely noetic,' Husserl writes, for it is conscious of something, 'and it is so according to its essence, e.g., as memory, as judgment, as will.'¹⁰ This essence is noesis. Noetic moments are moments of pure consciousness and awareness where the relational structure is visible and immanent. Correlating in every situation pertaining noetic content, there is, what Husserl calls, a 'multiplicity of data' existing in a corresponding 'noematic' content, that is the *noema*.¹¹ Husserl gives the example of perception, 'perception, for example has its noema, most basically its perceptual sense, i.e., the perceived as perceived.' In the case of perception, the noesis of perception is the directedness towards the perceived, while

7 Wolfgang Huemer, "Franz Brentano".

8 "Noesis" and "noema," Online Etymology Dictionary, <https://www.etymonline.com/word/noesis>, <https://www.etymonline.com/word/noematic>.

9 Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy*, 223.

10 Ibid, 213

11 Ibid.

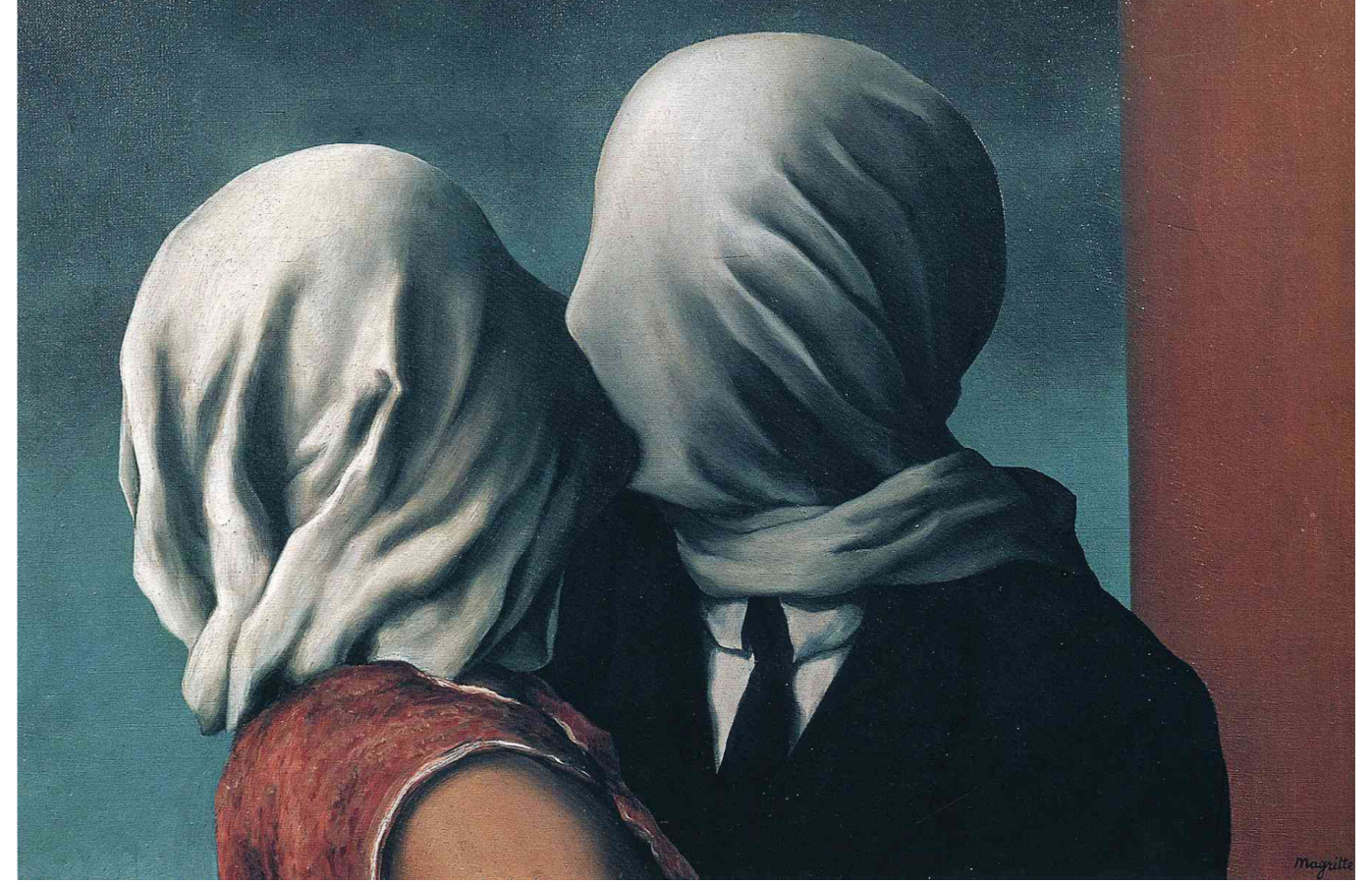


Figure 36. Without vision we may feel more intensely. "The Lovers II," oil on canvas, René Magritte, 1928.

the noema constitutes what can be understood as the milieu or environment, allowing the noesis to take place, the noetic can thus be seen as a vector, of pertaining aspects of movement and directionality towards creation of meaningful existence.

What is left in the experienced world after the phenomenological reduction of intentionality? How is reality viewed through the Noetic lens? What is Noetic Body? Where is Noetic Space? How is Noetic Knowledge?

Body, Space, Knowledge

From this presentation of the Noetic I will now discuss the noetic in relation to the themes discussed in the first chapter: Body, Space and Knowledge, intending to move towards ways of thinking about architecture and design.

Even though Brentano's spatial consciousness requires the existence of a body there is no direct recognition of the body as the main medium where inner perception takes place, something that Husserl and Maurice Merleau-Ponty develops later on in the phenomenological discourse. In *Phenomenology of Perception* (1945), Merleau-Ponty posits that our lived body enables us to access the world.¹² The world is always 'already there before reflection begins,' Merleau-Ponty writes, existing infinitely as a spatio-temporal continuum of potentiality, yet the meaning of the world is created in reflection, in awareness. here is no separation between the body and its environment as the lived body is the medium for hav-

12 Maurice Merleau-Ponty, *Phenomenology of Perception*, trans Colin Smith, (London: Routledge, 2002), 130

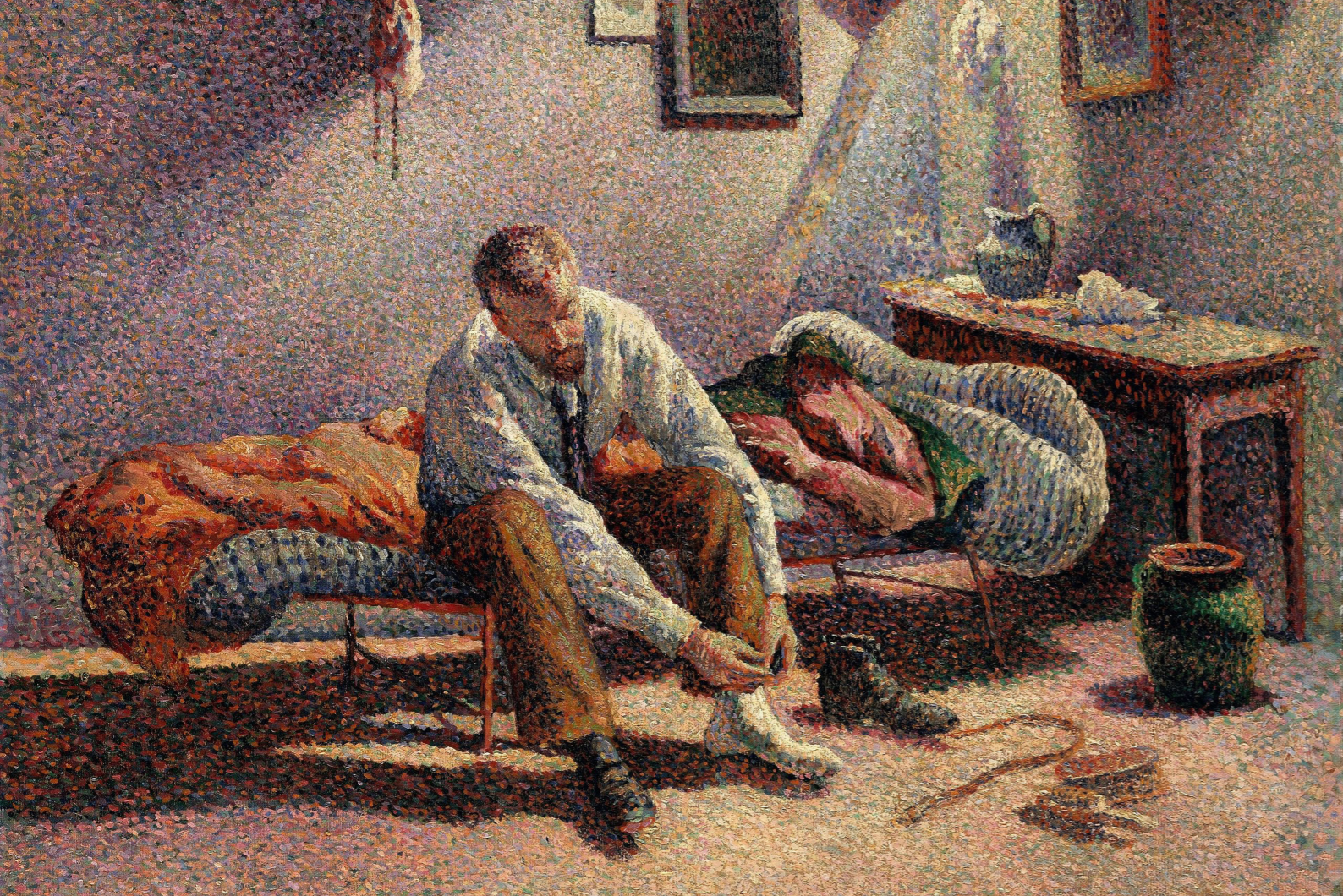


Figure 37. Pointillism or Divisionism, also called 'music of the dots' a method of atmospheric painting with small dots of vivid colors. For me it speaks to the continuity of perception existing all around us. "Morning, Interior," oil on canvas, Maximilien Luxe, 1890, Met Museum.

ing a world.¹³ Edward S. Casey in his *The Fate of Place*, means that the body possesses a 'corporeal intentionality,' discussed in contrast to Brentano's intentionality of mind. By replacing the obsession between physical and psychical, of body and mind, the notion of 'corporeal intentionality' binds us to the environment we inhabit through an 'intentional arc,' and through this arc we are anchored to the world.¹⁴ There is a bodily intentionality and agency, simultaneously sensitive and universal, which orients the body to the world, and Merleau-Ponty means that this orientation or 'organic relation' must be the origin of space, and that this orientation is understood as the 'gearing of the subject onto his world.'¹⁵ The origin of space is found in the experience of the movement of the body. What is more important, Casey notes, the lived body is the origin of 'spatializing' as well as 'spatialized' space, meaning that space as experienced by our bodies is 'neither a collection of points nor a conglomeration of sheer relation' in the Brentanian sense; 'nor is it to be conceived as a matter of containment,' in the Cartesian sense. Rather, body, and therefore space - the spatial body - incorporates what Casey calls inhabitation. Inhabitation as the result of two important features: expressive movement (spatializ-

13 Ibid., 95.

14 Edward S. Casey, *The Fate of Place: A Philosophical History*, (Los Angeles: University of California Press 1998), 229.

15 Merleau-Ponty, *Phenomenology of Perception*, 293.

ing) and bodily orientation (spatialized).¹⁶

The places we inhabit are known by the bodies we live. We cannot be in place without being embodied. In architecture, one of the most critical voices in the modern debate on cognition and perception is the phenomenologist and philosopher Juhani Pallasmaa. In *The Eyes of the Skin: Architecture and the Senses* (1996) Pallasmaa's incentives urge the deconstruction of what he calls an 'ocular-centric' and intellectual architecture prevailing since modernity because it contributes to the disappearance of its sensual and embodied experience. Such an architecture disengages and isolates the body, while making a reading of a collective signification impossible. 'Modernist architecture at large has housed the intellect and the eye, but has left the body and the other senses, as well as our memories, imagination and dreams, homeless.'¹⁷ Pallasmaa observes that the ocularcentric tradition intensifies with Descartes objectifying philosophy where vision was considered the most privileged and noble of the senses.¹⁸

Conclusions

This prevailing paradigm in architecture and other forms of artistic expression, impacts our relation to the world, to each other and our relation to ourselves. Following Pallasmaa's impetus, architecture ought to confront and consider the 'metaphysical questions of the self and the world,'¹⁹ and by doing this, architecture may enable an experience that goes beyond the limitations of the Western paradigm of concept and abstraction.

The main task of architecture is then, in the very words of Pallasmaa, 'to reconstruct the experience of an undifferentiated interior world, in which we are not mere spectators, but to which we inseparably belong.'²⁰ Just like the art of poetry, *poiesis*, which aims to bring us back to the centre of an interior world and exceed the prevailing structures of language, *noetic architecture*, through *noesis*, carries the hope of bringing the body back to the conscious unfolding experience of life. Acknowledging that the ocularcentric paradigm correlates with the development of Western 'ego-consciousness' and the separation of the self and the world, Pallasmaa appoints this problem to be a problem of modernity. Likewise, the problem of mental health predominantly belongs to the modernized cultures, where thinking and seeing still today is seen as inferior to feeling and emotion.

16 Casey, *The Fate of Place: A Philosophical History*, 231.

17 Juhani Pallasmaa, *The Eyes of the Skin: Architecture and the Senses*, (Chichester: John Wiley & Sons Ltd, 2012), 22.

18 Ibid., 22.

19 Pallasmaa, *The Eyes of the Skin: Architecture and the Senses*, 19.

20 Ibid., 28.

Firstly, I shall try to understand the flowers of the earth, shall take as my starting point the plants of the world; then I shall study, with equal care, that which is preserved in the waters of the world. Then it will be the blue ether with all its various animal species... and finally I shall penetrate the forest, shall study the moist mosses, all the trees and the animals that dwell among these cool dark masses of trees.

NOETIC METHODS

The Hospital of Thinkable Boundaries

Concluding the research one main insight reveals itself louder than the rest. This is the insight that the Surgeon, the Shaman and the Noet are all symptomatologists, redefining and shifting their local boundaries, whether it's a question of corporeal thresholds, spiritual passages or semiotic limitations.

The surgeon being the most hands-on material noetic practice by cutting through the skin, yet at the same time the surgeon is concerned with language, classification and imagery.

The shaman, in an opposing but overlapping way, uses energies and spiritual connections as a noetic tool to heal, rarely permeating the flesh of the skin. Meanings are created through experience and there is no separation between the material and the 'immaterial.' All material and immaterial beings consist of a singular spirit which connects everything and everyone to an all-encompassing universe.

The noet, at last, position herself in-between by overlapping these two practices, mediating the material and the spiritual into a coherent and westernized understanding of the noetic experience. The noetic experience in the body, reconciliating the body and the mind, inter-connecting the material and the immaterial in an embodied experience of insight, connection and growth, has the potential to shift rigid structures. A rebooting of the mental system which presents itself as change of emotion, perception, cognition and behaviour.

What if the noetic can be instrumentalized into the body of architecture? How can such a methodology be constructed and applied? Can the noetic be instrumentalized? These are questions I will ask myself through the design project The Hospital of Thinkable Boundaries.

Proceeding with the development of methods was for me a conscious decision because the question of how is more productive than the question of what. How can architecture be healing? How can the noetic tool be applied in an architectural project? In this concluding chapter I will collect and present the main themes extracted from the findings as a means of manifesting the noetic as not just a cognitive tool but an architectural one.

I have developed a layered architectural method that concerns the following: (i) the dialogue between the material and the immaterial context, both regarding the stories and elements on site, depicting the shapeshifting contextual character, and furthermore the dialogue of my personal agenda and the spirit of the place, (ii) the notion of liminality, and how to respond to binary opposition through approach-

THE NOETIC AGENDA

...to overcome the binary opposition and hierarchies of the material and the immaterial context; both the immediate and the remembered experience

...to embrace the noetic method is to embrace transition; to accept the blurred lines, to refuse to categorize, to let the experiences flow into each other in moments of awareness and consciousness.

...noetic methods pertain that knowledge is precisely residing in this movement, and that is something that must be experienced with our bodies.

...to recognize the body as the main mediator of experience, there is a bodily intentionality and agency, simultaneously sensitive and universal, which orients the body to the world.

...to adopt the noetic method it is to recognize the personal/situational, both as material and immaterial beings, as objective, important and meaningful existences, while embracing and accepting other forms of living such as plants, animal and objects as equal.

ing the threshold as process and acknowledging the knowledge which resides within this precise movement, this also inquires approaching architecture as process, as an event ontology, materializing this sense of continuity, of ritual, of agency and intentionality (iii) the body as mediator, where the main method is about getting insight into the immediate context and relation.

The Material and the (Im)material

The main agenda of noetic methods is to overcome the binary opposition and hierarchies of the material and the immaterial context; both the immediate and the remembered experience. To adopt noetic methods it is to recognize the personal and the situational, both material and immaterial beings, as individually and collectively important and meaningful existences, while embracing and accepting other forms of living such as plants, animal and objects on equal terms.

Liminality and Process

To embrace the noetic method is to embrace transition; to accept the blurred lines, to refuse to categorize, to let experience flow into each other in moments of awareness and consciousness. Thresholds are meant to be infused in order to reveal hidden structures and encourage dialogue, to mediate between different worlds and places. Noetic methods pertain that knowledge is precisely residing in this movement, and that is something that must be experienced with our bodies.

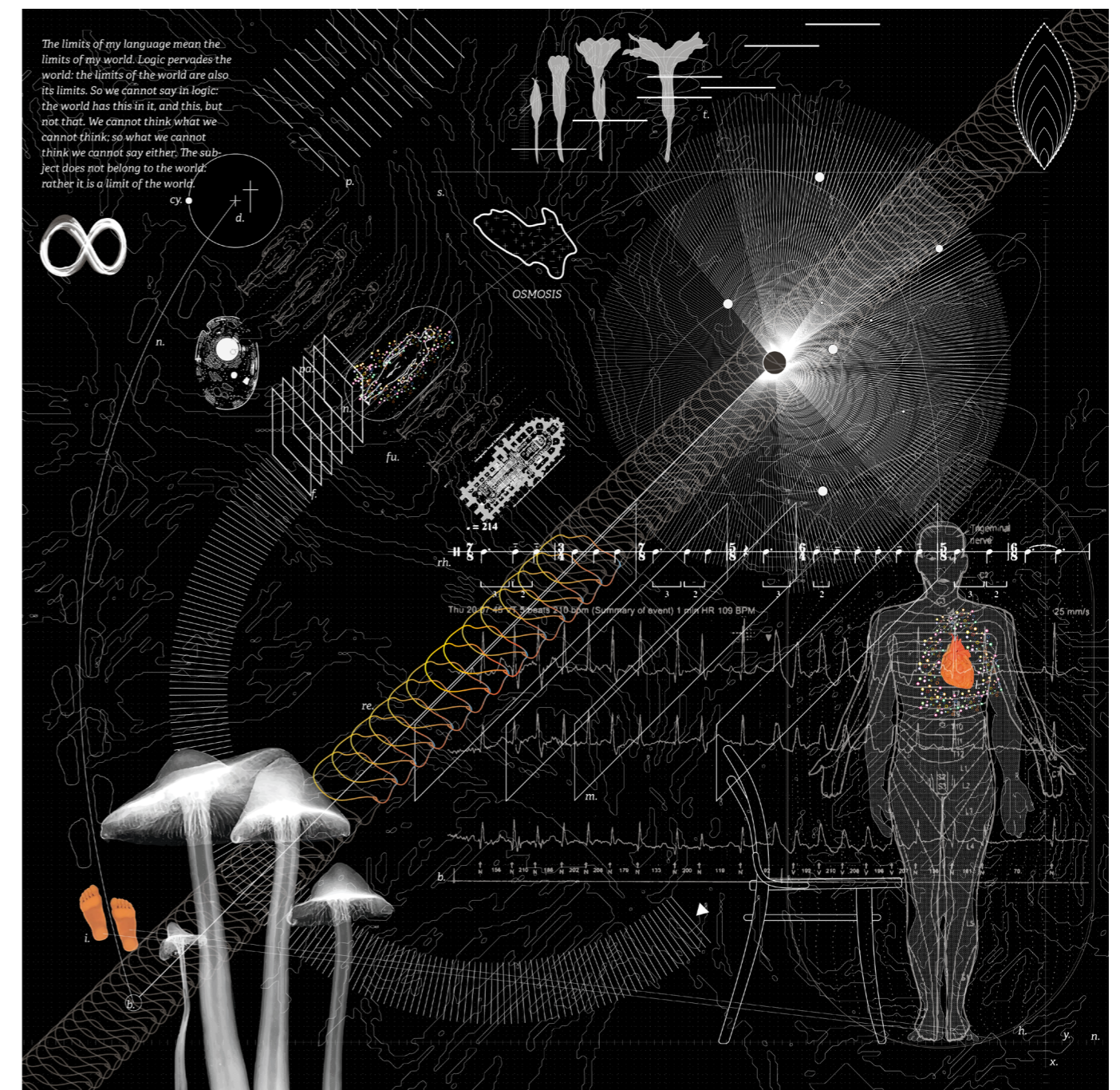
The Body as Mediator

Noetic methods recognize the body as the main mediator of experience, there is a bodily intentionality and agency, simultaneously sensitive and universal, which orients the body to the world. The body, like the material body of architecture, inhabits space and time, it belongs to them and includes them. This interiority measures not just that of body, space and time, but existence as such. Departing from the body then, the immediate context in scale and time, becomes a main feature in the noetic methods; that of the hand harvesting the plant; that of the sweat, vaporizing the skin of the body in the steam bath, that of the lungs expanding with air in the meditative garden; that of the body in its resting state, sensing empathy and safety; that of the mouth ingesting the compound, and that of a the perceptual shift during the healing ceremony, the eyes, ears, the nose and sensations, blurring together into a stormy sea of perception; that of the altered bodies in an intimate space, merging in a soup of

consciousness; that of the feet walking touching the earth of the ground as they walk out of the ceremony room; that of the burning sensation of the liquor, running down the throat as the patients celebrates surviving the session.

Together, these notions construct the noetic methods in architecture, a methodology that I currently call Situated design: designing from the inside out. A working title which includes the sense of directionality, embodiment, the personal, assigning matter to the material.

Figure 38. 'Noetic scapes', drawing by author.



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THE HOSPITAL OF THINKABLE BOUNDARIES

Noetic methods in architecture

What is the project about?

This project is an epistemological project, or rather an onto-epistemological one. It is precisely that, because it sets out to explore their intimate relation through pursuing a research in which other sources of knowledge and methods of calibration are acknowledged, investigated and experienced with open mind.

This project is a methodological project. It is precisely that because it seeks understand how these onto-epistemological relations produces certain systems of knowledges and pattern of thoughts and proceeds to transform these understandings and findings into a productive process of methods.

This project is a methodical project. It is precisely that because it questions standard methods of measuring and acquiring knowledge, both within the faculty of Architecture but also within a Western, post-industrial context.

This project is an ethical project. It is precisely that because it investigates and criticizes how laws, regulations, language and modes of production within the Western system of knowledge perpetually rejects, neglects and discriminate minor bodies, communities and organisms. This is precisely an ethical issue because of how it limits, suffocates and even eradicates their unique human and vegetal experience.

This project is a personal project. It is precisely that because it departs from an intimately personal experience of sickness and health. Sickness, where the edge of mortality reveals itself as determined and finite, that the face of existence refuses to be taken for granted. And health, where the bliss of vitality simply cannot pertain itself to cells of the body, but continues through every membrane of reality, indefinitely and infinitely. These are personal precisely because it elaborates on the universal themes of being, living and dying.

This project is a noetic project. It is precisely that because its main agenda is to overcome the binary opposition and hierarchies which separates the material and the immaterial context. It seeks to instrumentalize the perceptive and cognitive tool, that is the noetic, into methods of design and into the materialization of the built environment. It is precisely noetic because it seeks to open up rigid thinking and reveal prejudice, by representing other ways of seeing the world. It is precisely noetic because it considers material bodies: humans, organisms, objects and architectures, as sentient, sensual and intentional. This project is noetic because it emphasizes the situated, the personal, the lived, and considers these as materially meaningful.

The Hospital of Thinkable Boundaries

Ragna Nordström

