Inhabiting the Informational: Foucault's bio-politics and the economics of the panopticon interior

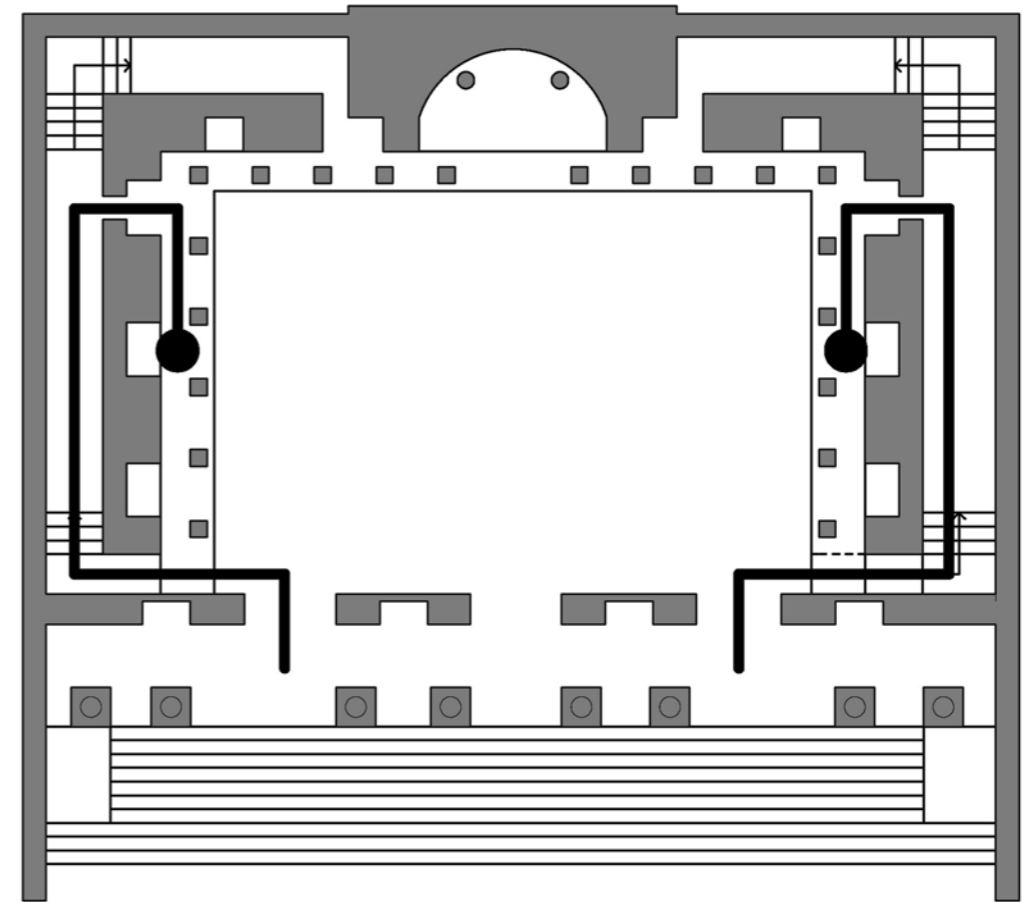Sarah Jozefiak and Michael Ostwald : University of Newcastle, Australia

ABSTRACT

In the late twentieth century Michel Foucault argued that the relationship between the interior and the economy was necessarily an intricate and contingent one. This condition was nowhere more evident than in the case of storage for medical records. Foucault explicitly drew attention to the way in which scientific records de-personalise the individual, establishing a 'bio-political' power structure. However, whereas the power relations implicit in some institutional buildings could be understood architecturally, the problems of bio-politics are more closely tied to issues of interiority. In particular, the connection between the body, its representation in the form of medical data, and the sequencing and storage of this data, are all problems of the interior. In response to this realisation, through the analysis of theory and design, this paper investigates the practice of storing medical records as an unexplored dimension of institutional space and as a reflection of the shift from a phenomenological way of thinking to one concerned with the economics of labour. In parallel with a proposal for a theoretical design for a medical archive, this research examines the changing nature of the interior in the wake of the institutionalisation of data that has occurred in the digital era and begins to develop a reading of the spatial implications of bio-politics.

INTRODUCTION

Morals reformed – health preserved – industry invigorated – instruction diffused – public burthens lightened – economy seated, as it were, upon a rock – the Gordian knot of the Poor Laws are not cut, but untied – all by a simple idea in Architecture! [1] Jeremy Bentham

In an era where information is ubiquitous, and a myriad of methods exists for sorting, classifying and searching through data, the role of one of the most famous building types from antiquity, the archives, is necessarily under review. In the ancient world the archives of Ebla (Syria) and Ur (Mesopotamia) contained some of the most important records of their day. The buildings themselves are forgotten, but the information they protected and gave order to, a critical record of the social values and beliefs of their era, have partially survived to the present day. The Athenian state constructed one of the first, purpose-built designs to house information around 400BC, and over the following six centuries a growing number of buildings were designed for the sole purpose of securing and sequencing government records. While little is known about the majority of these archives, archaeologists have uncovered the remains of the *Library of Celsus* in Ephesus (117AD). [2] This building, which was rectangular in plan and featured a single, decorated and modelled façade, was designed with one walled structure hidden inside another. In the gap between the outer and inner walls of the building, a narrow ambulatory space was constructed which featured stairs that rose through three levels to a series of connecting galleries that opened into the inner volume. Inside this central space three levels of alcove-lined walls were arrayed around a central void. Each alcove contained a set of books and scrolls that were only accessible from particular galleries.

The plan of the *Library of Celsus* encapsulates, in its spatial configuration and functional zoning, the raison *d'etre* of the archive type (Figure 1). At its centre is information, ordered in alcoves and protected by its own fortified enclosure. Access to the archive is both constrained between the walls and controlled by the galleries. This building is almost completely internalised: only a single façade, with a repetitious series of columned aedicules, is visible from the street. While the designers of subsequent archives have developed alternative planning strategies, the principles remain largely the same. This is a building type where the interior accommodates a particular, extrinsic imperative, determined by the structure of the knowledge it contains rather than the stone and brick of its supports.

As time has passed, and with the rise of new technology and the advent of open access for many collections, the archive typology has evolved. New archives, like libraries, have become hybrid meeting places where information is accessed via a terminal, rather than through a labyrinthine journey. Where security was previously given priority over accessibility, today the two are no longer mutually exclusive: an original record can be secure, but digital access can be freely available. However, there is one type of archive where the problems of security and accessibility are still relevant: medical records. This type of archive cannot be completely separated from the needs of the body. But this is no longer the body of the humanist tradition, which either through

proportion or phenomenology is accommodated in the interior. The body at the centre of the medical archive is informational and political; its worth is measured in economic terms.

Drawing on two facets of Michel Foucault's writings that are rarely considered in design discourse, this paper examines the spatial and political implications of the medical archive as a type of interior. The two notions adopted from Foucault are an alternative reading of the purpose of the panopticon plan and the concept of bio-politics. The paper commences by tracing the origins of Foucault's interpretation of the panopticon to his earlier medical works, and then develops an argument that, rather than being concerned with imprisonment, the panopticon was structured around the economics of the body. Thereafter the paper summarises Foucault's theory of bio-politics; a theory that explicitly acknowledges the problems of the medical archive and a mechanism that Foucault saw as replacing the human body with information derived from it. From this theoretical foundation the research returns to the question of design and the particular problems of a medical archive. Because this design problem is both complex and extensive, only a limited overview of themes relating to the body, space and information, is developed in the paper. However, in parallel with the discussion of the political and spatial issues, the paper describes some facets of a speculative proposal for a medical archive that has been inspired by the same ideas. This design revisits Bentham's original panoptic diagram to consider its potential for accommodating a different type of power structure. Only presented in parts, the design is not intended to be a universal solution to the problem of archives, or even a seamless adaptation of the themes presented in this paper, but it does record one possible investigation of these concepts.

Finally, while the focus of this paper is on medical archives, the theory of bio-politics is also potentially relevant for the design of all structures and systems – whether they are spatial, formal or organisational – that seek to contain information about the body. As the paper reveals, the bio-political machinations of the state are present not only in medical records, but in sporting tables, gaming statistics, consumer databases and transport booking systems.

RETHINKING THE PANOPTICON

The social imperatives that are embedded spatially in the panopticon plan have inspired many interpretations in the fields of architecture and design. Although such works provide new insights into the panopticon and promote alternative readings of its use, in contemporary design theory it remains largely associated with the penal tradition of control. This interpretation of the panopticon can be largely attributed to Foucault's *Discipline and Punish*, where it is presented as a system of surveillance that is both practical and symbolic. Developed by Jeremy Bentham, in its nineteenth century incarnation the panopticon was a building type that featured a tower surrounded by a wall. The tower housed a guard and the wall contained a series of prison cells. This configuration gave the guard the freedom to look into each and every cell. However, because the tower was darkened, and the cells effectively back-lit, each prisoner was always on display, but they would never know if they were under surveillance from the guard or not. It is this power relationship, which is both spatially enabled and enforced, that is well known in the design disciplines. In the panopticon each prisoner is effectively trapped by a combination of their own forced visibility and the ubiquitous, if largely symbolic, power of the state.

While, as a result of Foucault's work, many scholars and designers assume that the panopticon was always intended as a model prison,[3] Bentham initially proposed that it was an adaptable architectural mechanism that could untie the 'Gordian knot' of social ills that had arisen alongside the new capitalist economy. According to the architectural historian and theorist Thomas Markus, Bentham designed the panopticon as a production house for his brother Samuel who 'had difficulty in finding skilled workmen to supervise his factory.'[4] In response to this problem Bentham 'proposed to place a supervisor in the centre of a circular "inspection house" to watch the unskilled workers.'[5] This original application of the panopticon is significant for two reasons. First, even in its earliest incarnation the panopticon supported heightened surveillance through spatial relations. However, its purpose was more explicitly tied to systems of production and labour than to discipline and control. It is the secondary dimension, which Foucault describes, but which design scholars rarely acknowledge, that is of primary interest in the present paper. While the ostensible motive for using the panopticon plan in a prison is different to that in a factory, both operate by inscribing a particular type of power relations in the body. It is this common focus on the body and its physical condition (either present in the cell, or active and productive in the factory), that initially drew Foucault to consider the panopticon plan.

From his earliest works, Foucault was interested in the body as a site of power relationships, authorised by the state and enabled by institutions. In his famous structuralist works in the 1960s, he focused on psychology and the asylum in *Madness and Civilisation*, and medicine and the hospital in *The Birth of the Clinic*. In each of these works the body is treated as a social construct, dissected, delineated and displayed in an appropriately arrayed space.[6] Parallels between the way knowledge is ordered and the way space is used to reinforce (or enable) this level of control, are implicit in both works. Indeed, such is the extent to which the body is spatially ordered in these studies that political philosopher Stuart Elden observes that the panopticon plan was a recurring theme long before Foucault became interested in prisons.[7] Elden argues that Foucault's concerns with surveillance and society do not stem from his studies of penal institutions but rather from the realm of public health. However, it was only in the late nineteen seventies that Foucault was to adapt his theory of the relationship between the body and space – encapsulated in the panopticon – to account for the impact of capitalism on both the economy and the workforce. The cultural and spatial institution that became the subject of this later work was the medical archive.

For Foucault, the act of constructing and ordering a set of medical records is necessarily a type of surveillance that operates by gathering information from a population. In *The Birth of the Clinic*, more than a decade before, Foucault suggested that the medical gaze both defined the body in the space of the *clinique* and, by implication, it exerted its regard (or scientific outlook) to society *en masse*. Much like *Janus*, the ancient Roman god of transitions, the medical discipline is presented as looking simultaneously into the space of the institution and out into society with its institutionalising gaze. In the case of the medical archive, this transition between exterior and interior is especially significant. Medical records can be used to systematically devise programs and treatments for raising the health standard of a community. However, Foucault argues that this seemingly altruistic agenda is motivated by optimising, individually and collectively, the body's potential for labour. The purpose of the medical archive is not only partially derived from its structural imperative (to contain information in such a way that it can be readily used), but also from its economic drivers; to ensure a healthy, productive and reliant workforce.

With the body newly defined as a locus of production, the role of the institution (and in particular, the hospital), was no longer to control or punish, but rather to improve the productive potential of docile or sedentary bodies. This connection between information, the body and the economy – a connection which is spatially embodied in the interiority of the medical archive – is at the heart of Foucault's notion of 'bio-politics'.[8] Since it was first proposed, bio-politics has become a cornerstone of many current theories and many disciplines, addressing the relationship between politics, economics and the formation of society.[9] In the following section the origin of the bio-political economy is considered.

THE RISE OF BIO-POLITICS

The rise of the process of information-gathering in the service of social medicine can be traced to the end of the nineteenth century in England. At this time an increasingly industrialised economy was placing new demands on the working-class and simultaneously exacerbating the problems of air quality and the spread of disease. In response to this situation, the Poor Law was introduced to provide tax-supported medical intervention to ensure that economically disadvantaged people would be fit for labour.[10] The medicalisation of the working class was therefore a form of both health reform and social control.[11] As Foucault observes, the Poor Law reframed health in relation to economics: the poor were no longer thought of as debased souls, but as components of the apparatus of production.[12] Thus people in the industrial economy were regarded as being the equivalent of machines that either worked or didn't; the good poor, the bad poor, the wilfully idle, the involuntarily unemployed, those who could do some kind of labour and those who could not.[13] As a population, 'it was not the workers bodies that interested public health administration, but insofar as they combined to constitute a labour force.'[14] This is why the origins of bio-politics are often traced to the late nineteenth century, a time when economic viability became reliant on the health of the general populace.[15]

This shift from viewing the body as an individual with specific needs to seeing it as a collective entity with a capacity for labour changed the nature of the hospital system. The hospital was no longer a charitable institution but now one based in economics; it had become a 'curing machine' that maintained the health of the working class. It was expected to not only neutralise dangers to the working class (injury and epidemics), but also to increase

its utility.[16] The hospital would never again be a place for simple caregiving: it was now a site of political control. In the aftermath of this change, the function of the hospital was fragmented into two parts like Foucault's medical incarnation of *Janus*, with one face looking inward and the other outward. The former was tasked with curing the body within the hospital, the latter with observing the collective body of the community. Foucault notes that power, in this instance, operates 'through systems of observation, notation and records taking which make it possible to fix the knowledge of different cases, to follow their particular evolution, and also to globalise the data which bear on the long term life of a whole population.'[17] Whereas in the prison, surveillance was for the purpose of fixing the body in space and thereby ensuring its presence, in the hospital, the medical gaze now procured information from the population that provided a means of ensuring productivity and economic security.[18] Another way of looking at this change is that information about the body – and especially its collective disposition and capacity – is more important than the body itself.

In the modern day, information about the body, typically encapsulated in the form of medical records, has become the central apparatus in the bio-power mechanism of the state. If a person becomes ill, his or her medical documentation may be useful to the individual's treatment, but it also provides clues for epidemiologists. Such clues may be combined with many others, and extrapolated into trends that are used to support the implementation of large-scale programs to ensure the continued health and productive potential of the wider community.[19] Therefore, the medical record is the conceptual pivot-point between the individual and the collective; it enables Foucault's simultaneous inward and outward looking *regard* identified in *The Birth of the Clinic*. Medical records can perform this role because, in economic terms, it is more viable to monitor and increase the utility of the information the body provides, than it is to monitor the body itself. In this case, bodily information projected onto paper (the medical record), replaces the original body in the power structures of the state.

The epidemiological treatment of bodily information is not only restricted to biological issues within a hospital environment. In their extended discussion on the critical importance of bio-power, cultural anthropologist Paul Rabinow

and sociologist Nikolas Rose provide a wider definition of bio-politics as follows:

> We can use the term 'biopolitics' to embrace all the specific strategies and contestations over problematizations of collective human vitality, morbidity and mortality; over forms of knowledge, regimes of authority and practices of intervention that are desirable, legitimate and efficacious.[20]

In this sense, the definition of bio-politics might extend to the body as a consumer. While bodily information can be used to devise and implement public health strategies that ultimately increase the utility of the worker, other personal information may be used to increase the utility of the consumer in a capitalist state. Thus, viewed through the lens of the bio-politics of consumption, successful marketing draws on modes of subjectification, where 'individuals are brought to work on themselves […] in the name of their own life or health, their family or some other collectivity.'[21] Such a collective might be the 'Jones's' or 'Generation-Y': any sector of the community defined by common attributes rather than individual characteristics. A bank of statistical resources such as demographics, wealth distribution, age, or entertainment interests is required to create a successful marketing strategy. As Hauptmann notes, 'even daydreaming, distraction, and the pale thoughts that accompany idle imagination, it seems, cannot escape attempts to be harnessed by capitalism's modes of production.'[22] In the same way that the archiving of medical information is a political act, the storage of 'consumption information' is also part of the bio-politics of the state.

BIO-INFORMATICS AND THE INTERIOR

While Foucault is able to develop his early arguments about the power structures implicit in the clinic and the prison into his later propositions about the economics of the body, there is a gradual loss of spatiality from these later theories. In effect, as his theory developed, Foucault transposed the function of the panopticon plan to the medical archive, but without a similar spatial model to support it. Despite this, in bio-politics the focus of surveillance shifts from the body to the information the body produces. This information might be considered as a physical artefact such as a paper file, a DVD or even a hard-drive, implying that the panoptic schema may also serve as a possible model for

an archive. The reason the direct adoption of the panopticon plan is more complex than it seems is that there are now new means of storing information, many of which are no longer tied to the design of buildings and spaces. Thus, the question for the designer of a medical archive is, can the shift from panopticism to bio-power be accommodated in a revised panoptic diagram? Or alternatively, is the panopticon plan redundant as a functioning archival interior? In this section, a concept design proposal for an archive – focusing on the primary interior space where records are stored – is developed as one means of investigating these ideas. The concept employs the panoptic schema as a means of *regarding* information. Both paper and digital records are present in this archive (much like they still are in most contemporary hospitals), and providing a mixture of controlled storage and access is an important part of the function.

While Foucault's theories of panopticism and bio-power do not extend Bentham's plan beyond its original purpose, the panopticon provides an important diagram that demonstrates power relations in an architectural form.[23] Given the clinical background to Foucault's investigations of panopticism, a medical archive is a suitable example of a type of building which controls and orders information pertaining to the body. A similar approach, from a bio-political perspective, could also be adopted to develop a design for an insurance company, a telemarketing bureau, or sports-betting centre. All of these programs require the close monitoring of information for the purpose of shaping or optimising certain forms of human behaviour that have an economic impact.

Adaptions of the panopticon plan are not uncommon but, as scholar Rosa Ainley points out, they are 'frequently written about but possibly never built.'[24] Indeed, apart from the Edinburgh Bridewell prison of 1791, no other 'pure' panopticon has ever been constructed.[25] Significantly, Markus suggests that over time the panopticon plan has gradually transformed the hospital interior from 'looking towards the central altar to being observed from the centre.'[26] The implication of this realisation is that, despite few physical examples existing, variations of the panopticon diagram have continued to be adapted over time to suit different technological and social patterns. This reinforces the core strategy of the present concept design which seeks to revise the panopticon as a spatial structure for a bio-political purpose.

One of the first tactical decisions in the design process, which parallels Foucault's reading of the clinic, is to separate the proactive observational functions from the reactive anodyne functions. This reinforces the conventional design practice of separating the medical archive from the hospital itself. This act of siting the archives in a different space supports Foucault's observation that 'the centre of initiative, organisation and control for politics should not be located only in the apparatuses of the state.'[27] Thus, the panoptic archive stands outside the institutional building as a monument to the health of the community, but also, from a bio-political perspective, as a guard tower for the subjugation of the working class.

The adaptation of bio-power that is embodied in the shift of surveillance from the human body onto the information it produces, sees the interior of the panopticon transformed into a library of economic information. This change potentially provokes a new tension between the altruistic storage of knowledge and its use for political purposes. Markus notes that 'domed centric spaces are important metaphors for universal knowledge'[28] and were often employed for libraries of theology and jurisprudence. The dome accentuates introspective attention, focusing the visitor on the information alone. In contrast, the archive, with its panoptic interior, may have a similar plan, but its field of influence is as much external as it is internal. However whereas the core of the library was frequently a void, the core of the archive is conceptually similar to that of the prison. For this reason, the central lift access to the archives is symbolic of the factory inspector or prison guard: it surveys and controls the bodies that the archive represents. The platform-lift (which forms the core of the tower), allows access to only one level at a time. The visible movement and changing position of the lift indicates there is an active inspector, but where he or she is at any one time is unknown. In this way the archive reinforces the bio-political notion that bodies in society are potentially being watched at any time. However, the nature and role of the inspector differs between a paper-storage and a digital-storage archive.

TESTING THE PANOPTICON: PAPER VS. DIGITAL

For an archive with paper records, the centralised depository solves many problems associated with the efficiency and quality of the medical record: this is why it is still common today. As scientist Jack Gertzog explains, with the rise of specialist medicine

and the increasing mobility of patients, medical records have become dislocated in both narrative and geography. Gertzog asserts that 'the medical record should not be a collection of data which [is] both physically and conceptually fragmented'[29] and it is imperative to design a medical records system that provides a 'structural framework for continuity and comprehensiveness of care.'[30] Paper records are regarded as less prone to fragmentation and more likely to evoke a rich record of the context in which the records were produced, leading to the increased utility of the record. For the concept design, the panoptic diagram responds to Gertzog's argument by providing a systemised architectural layout for organising information, with the space of the inspector becoming the all-important secure access. In a paper archive, security is enabled and maintained by the panoptic qualities of the plan diagram, through its provision of physical architectural features that allow control and observation. Secure access is then only allowed to personnel who legitimately require a record and its information. Thus, for the storage of paper records, the interior focal point of power is given over to the medical archivist or practitioner and this power is reinforced by spatial and formal means (Figure 2).

However, Gertzog's argument about the value of paper records was written in the 1970s, and despite being relevant today, contemporary digital databases have eliminated the need for an explicit architectural core within a records system. New digital structures operate through passwords that regulate access to information banks.[31] Hard-drives are not secured by physical surveillance but password protection and firewalls. As philosopher Sven-Olov Wallenstein writes, 'the centralizing function (the panopticon tower with its unidirectional visibility) has today been fragmented into a multiplicity of flexible monitoring instances, and a structure of universal modulation has replaced the disciplinary mold.'[32] In other words, the panopticon, as a spatial means of control, is in danger of becoming redundant.

If then, paper storage is replaced by digital means, the power previously invested in the core space of the guard tower or inspection house is undermined by the digital network. The presence of a virtual network sees the power relations of Bentham's panoptic diagram shift, with each office cell becoming an equal unit of power within the network and with access to all information. In response to this change, the concept design suggests that the core lift remains the primary access not only to the paper records, but also to the hard-drives, reinforcing the symbolic power of the inspector – even though they are more likely to be computer technicians than archivists (Fig 3). The visible position of the lift is still a sign of the care invested in securing the data, but the nature of the care has changed. But despite this proposition, the digital era poses both a challenge and a potential opportunity for the panoptic interior.

CONTEMPORARY PANOPTICISM AND BIO-INFORMATICS

Although Foucault never directly addressed contemporary technical developments in any detail, his later work, which was less emphatically spatial, retained an interest in panopticism.[33] In design theory there is widespread recognition, often traced to the works of Paul Virilio[34], that the city has become increasingly virtual through the proliferation of closed circuit television (CCTV) networks and other forms of electronic surveillance.[35] As Ainley writes 'CCTV is an electronic panopticon, albeit one without a spectacle, and this is increasingly installed in public spaces.'[36] Computer
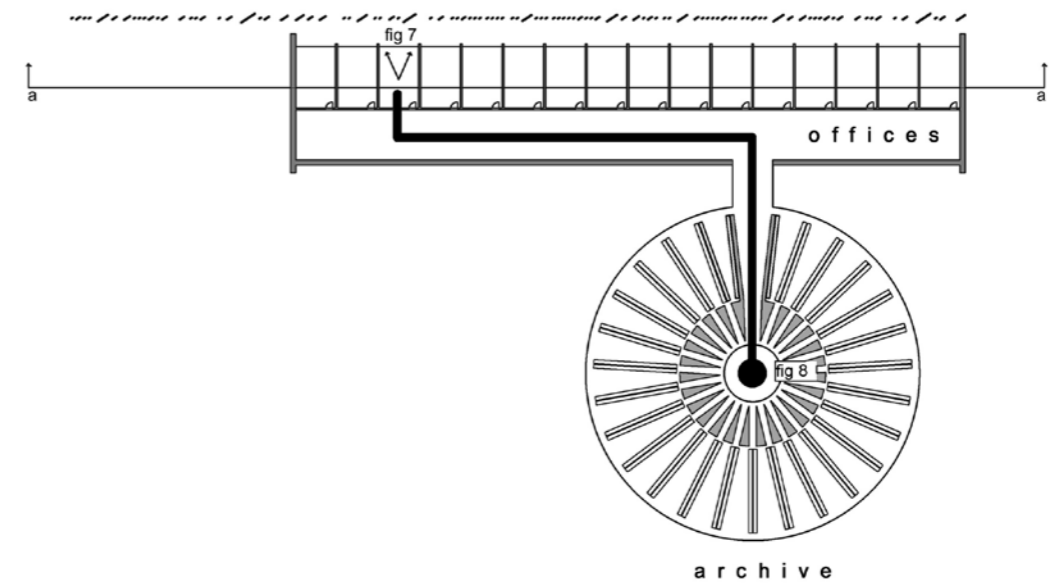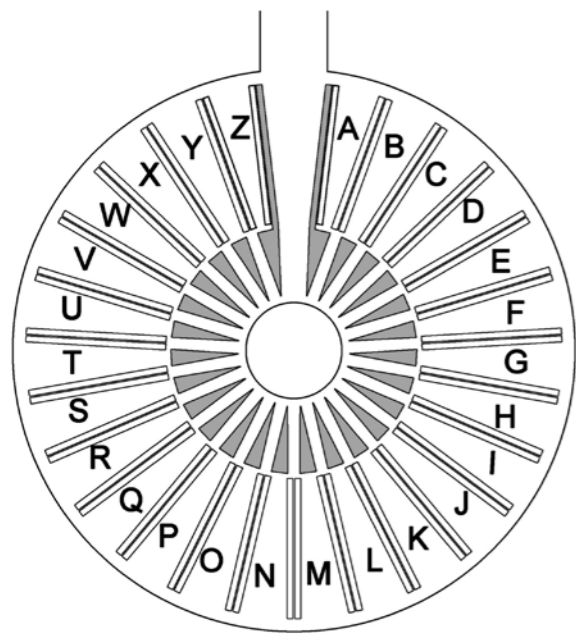

technology heralds a new implicit surveillance of space. As Wallenstein writes, this creates a crisis for the design wherein:

> [t]he old disciplinary functions that moved people from one closed segment of space to another – from the school to the factory, from the factory to the hospital, the prison and so forth – have entered into a state of crisis, replaced by new, smooth functions. Control is exerted over open spaces; it locates an element in an open environment, for example, an electronic bracelet worn by a prisoner, which provides or denies access to a given segment of space at a certain point in time. [37]

Thus, while the power relations implicit in panopticism are still prevalent, Wallenstein stresses that 'the diagram should not be identified with any particular form.'[38] Unlike the former disciplinary matrix of the panopticon, new structures operate through electronic regulation. Therefore, the all-seeing eye of the dispersed CCTV camera has replaced the centralised tower in the panopticon. However inspectors are still required; they are just spatially distributed like the CCTV cameras. The panoptic, architecturally-defined guard tower has been replaced by the control room; an often left-over space, lined with monitors and replete with cables. Despite the spatial differences, one consistent feature is the lack of awareness of whether a cell, or monitor, is actually being watched. As Ainley points out, 'this is not lost on television and film writers who provide endless examples of crimes undetected by sleeping or absent security staff,' [39] and in the same vein these scripted interiors are characteristically anonymous, hidden behind a wall of flickering screens.

Above
Figure 2: Medical archives: paper storage creates a central architectural focal point of power.
Source: Sarah Jozefiak

While for the storage of paper records, the panoptic layout provides a systematic physical means of ordering records (Figure 3), digital information storage relies on a barcode to 'locate' data and thus spatial alphabetic ordering is redundant. A name – representative of an individual history, ethnicity, and gender – is replaced with a digital barcode, and while that barcode is numerically unique, it is otherwise a sterile representation of the individual. The northern façade (Figure 4) of the archives serves to express this new notion of the individual, through modulation of a 'barcode' form of the façade. The façade poetically celebrates an infinite number of individuals as the sun moves throughout the course of a day, generating a constantly changing barcode sequence in the shadows it casts across the office floors (Figure 5). A further active use of light is employed in the central tower of the archive, with the roof above the lift shaft creating an oculus similar to that of the Pantheon. In antithesis to the tower light of the classic panopticon prison (to distort visibility for prisoners), the light from above serves to abundantly demonstrate the power of the inspector (Figure 6). This inspector, in the form of a medical archivist or practitioner, represents an implicit form of sovereign power that is able to exercise his or her influence over a population through the information that they have access to.

CONCLUSION

The political economy is no longer reliant on modes of material production, but on the collation, ordering and management of information. One possible by-product of this change is that architecture is no longer required to manage the productive potential of the populace through spatial configuration. Wallenstein reinforces this notion when he observes that this change is a fundamental mutation of capitalism, whereby 'the enclosed factory has been replaced by a service economy characterized by its dispersal. The disappearance of the factory as the model of production in advanced capitalist societies is reflected in similar transformations of other spaces.'[40] In other words, much of the space produced by medical archive designers now functions solely for the storage of information, rather than to house the body. By implication, creating an interior to support a political economy is becoming increasingly difficult as systems of power move into the digital realm of information capital. Foucault writes that 'Bentham dreamt of transforming into a network of mechanisms that would be everywhere and always alert, running through society without interruption in space or time.'[41] The new virtual panopticism achieves this goal, challenging the traditional role of architecture and the interior as a defining system of observation, control and storage. However, designers do not simply accommodate base functional needs, and thus this change could be regarded as an opportunity.

Just because a building has been purpose-built to contain information, or even to store digital material, does not mean that it is without some design potential for exploring the relationship between people, space and meaning. It could be argued that the new archive type, which does not necessarily even need to accommodate the human body, presents one of the most interesting problems for an interior designer. The sections of the archive design that are described in the present paper explore a way of using space, form and iconography to approach some of the problems of this type. This design proposal is, of course, not a universal solution, nor even a comprehensive proposition;
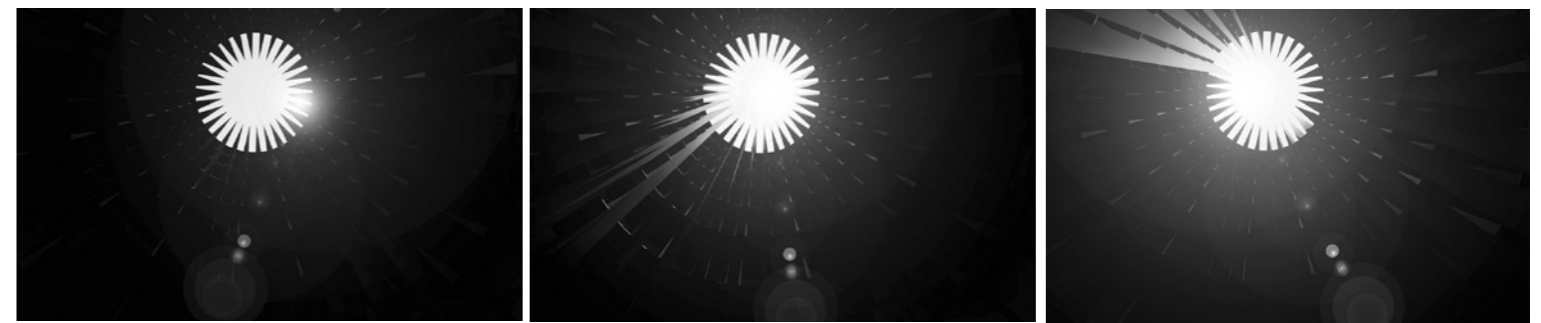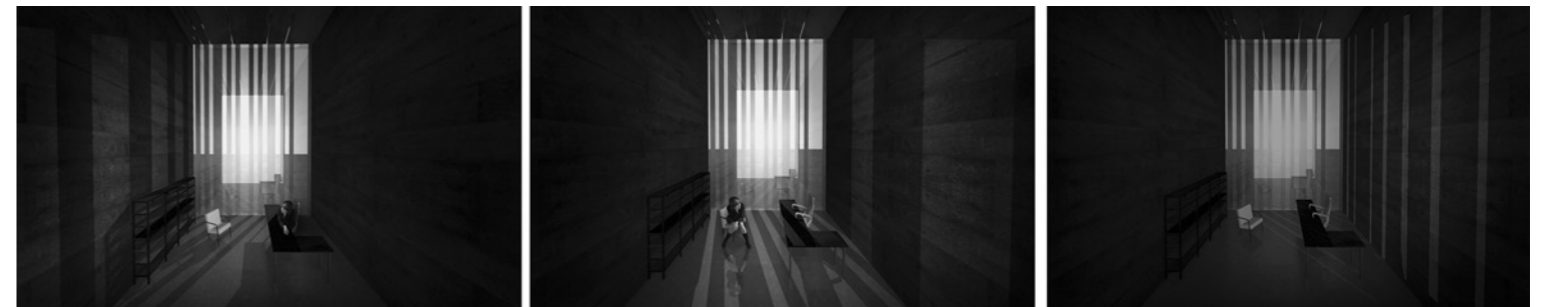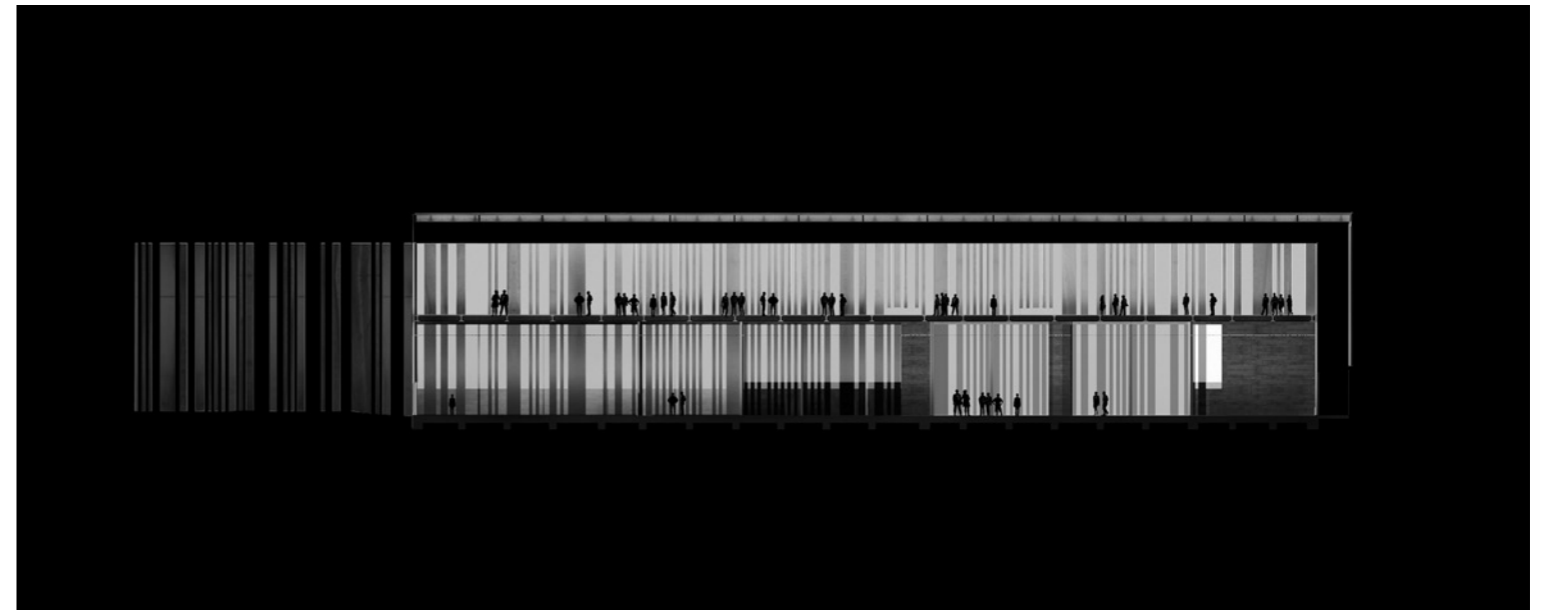
Opposite
Figure 3: Medical records archives: panopticon as ordering system. Source: Sarah Jozefiak

Above Top
Figure 4: Medical archives: Section A. Source: Sarah Jozefiak

Above Middle
Figure 5: Medical archives: barcode shadows. Source: Sarah Jozefiak

Above Bottom
Figure 6: Medical archives: oculus. Source: Sarah Jozefiak

rather it is one of many possible ways of considering the design of a space that is attuned to an economic rather than a humanist program. It might also be argued that while the rise of bio-politics presents challenges for landscape designers and architects, it is the interior that is most complicit in the economics of production. Regardless of whether the contemporary design is for a medical archive, a telemarketing firm or a census office – all building types where bodily information is the primary capital – the interior is the new locus or production.

NOTES

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8. Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France 1978-79* (London: Palgrave Macmillan, 2009.)
9. See Deleuze, Maurizo Lazzarato, Giorgo Agamben.
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12. Michel Foucault, 'Politics of Health in the Eighteenth Century.' Ed. Paul Rabinow, *The Foucault Reader.* (London: Penguin, 1984), 276.
13. Foucault, 'Politics of Health in the Eighteenth Century,' 276.
14. Foucault, 'The Birth of Social Medicine,' 139-42.
15. David Macey, 'Biopolitics,' in *The Penguin Dictionary of Critical Theory* (London: Penguin, 2000), 43.
16. Foucault, *Discipline and Punish*, 210.
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