

CFP: Public Health in the Early Modern City: Salutogenesis through Architecture

Discussion published by Mohammad Gharipour on Wednesday, September 11, 2019

Public Health in the Early Modern City: Salutogenesis through Architecture

[European Architectural History Network \(EAHN\) Conference](#)

10-13 June 2020 - Edinburgh, Scotland

Submission deadline: 20 September 2019

In 1979, medical sociologist Aaron Antonovsky coined the term "salutogenesis" to refer to factors that promote physical and mental health and, in so doing, offered a new lens to consider the study of health beyond the mere consideration of death and disease (pathogenesis). Though rarely remarked upon in such terms in architectural history, in fact the practices of architecture, city planning, and landscape design have been employed over time and across diverse geographies toward salutogenic, or health-enhancing, purposes. For example, essential resources like water have been manipulated and distributed through infrastructure across and beyond urban areas to sustain basic health, and gardens, hospitals, and other therapeutic spaces have arisen within cities to aid healing and health-promoting practices.

Following the 16th century, architecture and urbanism went through significant changes during what is known today as the Early Modern era. This era witnessed major reforms in political, economic, and cultural institutions across the world from Europe to East Asia. Contemporaneous with these shifts, city planning and design were leveraged to improve public health in cities through a host of new public resources and construction projects, including urban infrastructure (e.g., bathhouses, irrigation system, roads), medical facilities, therapeutic landscapes, and places for gathering and entertainment. These ideas illustrate Gesler's (2003) four categories of healthy environments—built, symbolic, natural, and social—and convey how architectural history owes some debt to public health. Further, these urban interventions were justified by theories of health, healing, and benevolent medical practice. Thus, alongside novel built forms and ideas about the architectural qualities and resources essential to healing and health, a new constellation of legitimizing discourses emerged among those in power. Public health, then, offers a critical lens through which to view the function, use, and social significance of institutions and spatial practices within early modern cities—and of architecture itself.

This session seeks to situate the development of early modern cities within these broader trends by exploring the profound and complex ways that architecture and landscape design were conceived of and employed as instruments of health promotion in the development of urban infrastructure, institutions, and spaces in Western and Eastern societies in the 16th - 18th centuries. Submitted papers could explain how notions of public health or medical practice at a given moment in time influenced the design of either regular or explicitly therapeutic buildings and spaces in a urban

context; how scientific and cultural contexts of health and cross-cultural exchanges impacted the design of healthy cities; how the integration of landscapes and other salutogenic urban projects were inspired or justified by visions for a healthy and productive society; and the role of non-architects in the design of health-promoting places. Authors may focus on a single structure, a specialized typology, interventions in a particular city or region, or any other topic relevant to the architectural implications of public health. Especially welcome are submissions that deploy new methodological, interdisciplinary, and/or comparative approaches to the analysis of salutogenic spaces.

Please submit your abstracts to the panel organizers: Dr. Mohammad Gharipour, Morgan State University (mohammad@gatech.edu) and Dr. Caitlin DeClercq, Columbia University (cd3100@columbia.edu). The deadline is 20 September 2019, and proposals should be submitted to the Session Chairs, whose details may be found above. All proposals should include the following information: A proposal, in English, of no more than 300 words; The title of the paper, or discussion position; Your name; Your professional affiliation; A short curriculum vitae (maximum of two pages); A mailing address, email address and telephone number. For more details on submissions, please refer to the EAHN [website](#).