

The Necessity of Escaping Imitative Science



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Abstract

Within certain contemporary currents of practice and critique in the fields of architecture and urbanism in Iran, some stakeholders—including the public, experts, and policymakers—often attribute the roots of various dissatisfactions and problems to the failure to adhere to prevailing standards and up-to-date scientific knowledge. This paper seeks, while emphasizing the conceptual distinctions between space, place, and pre-place, to draw the attention of scholars to the fact that differences in interpretation, transformation, and conflict—commonly perceived as schizophrenic anomalies—are not incidental to the city. Rather, the “schizophrenic” quality constitutes a positive and inherent dimension of urban life. Consequently, standards—when derived from imitative science—are incapable of comprehending such phenomena, and there is a need for new strategies concerning standards originally shaped in other, non-local contexts of life. Based on the critical and clinical philosophy of Gilles Deleuze, this study conducts a targeted exploration toward formulating such a strategy aimed at transcending imitative science. In this process, specific differences between deconstructive and critical-clinical approaches are elucidated, and the issue of urban façades is examined as a concrete case.

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Extended Abstract

The conceptual distinction between “space” and “place” constitutes a critical starting point in architectural and urban critique. Space is defined as a measurable, quantitative entity—independent of human meaning—whereas place emerges when space is endowed with continuity, identity, and “thisness” through lived experience. Place, therefore, possesses not only topological uniqueness but also “hodological” qualities, generated by diverse and even conflicting interpretations rooted in individual and temporal differences. While “space” can be effectively analyzed through imitative science—standardized, conventional knowledge transferable across contexts—this approach often distorts “place.”

Three responses are possible: full adoption of imitative science; partial adaptation via localization and deconstruction; or complete abandonment in favor of a new critical strategy. Drawing on Deleuze’s notion of “pre-medicine,” the argument advances the third position: just as diagnosis requires creative engagement with disparate symptoms, placemaking requires engagement with the “pre-place”—the generative moment in which place is continuously born from space. This process is inherently “schizophrenic,” in the sense of being difference-driven and productive, rather than pathological. Both top-down (appointive) and participatory (elective) decision-making frameworks tend to erase difference, leading to “place-displacement” and diminished vitality. The proposed “critical-clinical” approach shifts focus from interpreting meaning to activating extra-textual functionality—asking not what a place signifies, but how it works to generate vitality. Based on Deleuzian “logics of multiplicities,” this entails assembling contingent wholes from unaccounted differences, beyond cost–benefit metrics or contradiction-elimination. Examples such as urban façade regulation illustrate how current practices—whether imposing authority or populism—fail to sustain vitality. Unlike deconstruction, which preserves the problem’s structural frame, the critical-clinical method engages the level of “pre-place,” enabling endogenous, territory-specific production. By bringing the infinite into the finite, it reopens possibilities for novel horizons, maintaining the singular life of place against the reductive homogenization of imitative science.

Reading place through the lens of imitative science eradicates its vitality and singular differences, rendering identity dependent on the consumption of external knowledge. In contrast, the critical-clinical approach, by engaging with the pre-place and constructing in accordance with pluralities, generates new possibilities and horizons from within those very differences.

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