FACULTY OF HUMANITIES AND SOCIAL SCIENCES, UNIVERSITY OF SPLIT
Postgraduate Doctoral Studies in Humanities

ARTS ACADEMY, UNIVERSITY OF SPLIT

MUSEUM OF FINE ARTS IN SPLIT

CALL FOR PAPERS

SICK CITY

Reprogramming Pathologies of Urban Spaces

(Faculty of Humanities and Social Sciences, Split, Croatia, 3–4 December 2026)

Every city carries its own symptoms. Urban space is continually shaped by tensions between preservation and transformation, memory and oblivion, growth and decay. Cities are living cultural ecosystems in which inherited structures encounter emerging realities. Each historical layer leaves material traces, while every intervention redistributes visibility, access, value and belonging. To speak of an urban pathology is therefore to ask how a condition comes to be perceived as harmful, who has the authority to diagnose it, whose experiences are excluded from that diagnosis and which futures a proposed cure makes possible.

Every pathology contains the possibility of transformation, just as every neglected space contains the possibility of a new urban future.

The concept of the "sick city" serves here as a critical and productive framework rather than a fixed medical analogy. Henri Lefebvre's understanding of space as socially produced and his insistence on the right to the city reveal urban space as a field of collective struggle. Michel Foucault draws attention to the spatial organisation of power, discipline and exclusion; Marc Augé identifies the anonymity and disconnection of contemporary non-places; and David Harvey connects urban transformation to capital, inequality and competing claims over the city. Taken together, these approaches underscore how urban pathologies are produced through policies, economic pressures, cultural narratives, spatial design and unequal participation. Such pathologies can therefore be challenged, redirected and reimagined.

Sick City: Reprogramming Pathologies of Urban Spaces invites contributions that examine cities as sites of injury and possibility. "Reprogramming" encompasses critical diagnosis, repair, reuse, adaptation, counter-mapping, artistic intervention, collective care and speculative design. It does not call for the erasure of difficult histories or a total urban reset. It asks how inherited structures might be reconfigured or activated differently, how unresolved conflicts might be worked through, and how transformation might proceed without reproducing the exclusions it seeks to overcome.

Against this background, the call asks how urban pathologies become visible and which symptoms remain hidden or normalised; who defines what is dysfunctional, obsolete, unsafe or out of place, and whose interests shape that judgement; how memory, heritage and cultural erasure influence the diagnosis and treatment of urban space; whether abandoned, marginalised or contested sites can become laboratories for more inclusive forms of urban life; how art, architecture, design, research, activism and community participation might generate counter-geographies that challenge dominant spatial regimes of visibility, access, value and belonging; and how cities might be transformed while retaining complexity, historical depth and the right to difference.

Suggested themes:

- **Urban wounds and visible symptoms:** abandoned or unfinished buildings, ruins, infrastructural decline, pollution, environmental damage and climate vulnerability.
- **Public space under pressure:** privatisation, securitisation, surveillance, the erosion of the commons, restricted access and the regulation of bodies and behaviour.
- **Tourism, capital and displacement:** overtourism, gentrification, housing crises, extractive development and the transformation of historic centres.
- **Fragmentation and inequality:** divided neighbourhoods, peripheries, informal settlements, segregation, invisible borders, unequal mobility and uneven access to resources.
- **Counter-geographies and spatial resistance:** alternative cartographies, counter-mapping, informal routes, embodied mappings, subaltern spatial narratives and practices that challenge dominant regimes of visibility, access, mobility and belonging.
- **Memory, trauma and erasure:** contested monuments, difficult heritage, suppressed histories, post-conflict landscapes, collective memory and urban forgetting.

- **Non-places and transitional spaces:** transport hubs, shopping environments, temporary zones, vacant sites and spaces shaped by circulation, anonymity or waiting.
- **Artistic and cultural reprogramming:** public art, performance, curatorial practices, tactical and site-specific interventions, community archives and urban storytelling.
- **Repair, care and participation:** adaptive reuse, ecological restoration, commoning, citizen-led initiatives, inclusive planning and collaborative governance.
- **Speculative and digital futures:** smart-city systems, data infrastructures, algorithmic governance, virtual space and alternative imaginaries of resilience and belonging.

Contributions and submission:

We welcome proposals from scholars, practitioners and artists working across architecture, urban studies and planning, art history, visual and cultural studies, heritage and museum studies, geography, sociology, anthropology, history, philosophy, literature, media and performance studies, landscape architecture, design, digital humanities and related fields. Academic papers, practice-based research, artistic research and critically grounded case studies are encouraged.

Please submit an abstract of up to 300 words, a short biographical note of up to 150 words, details of your institutional affiliation and your contact details. The submission deadline is 18 September 2026; authors will be notified by 1 October 2026. Proposals should be sent to **SickCity2026@gmail.com**.

SICK CITY asks how urban symptoms can be read as evidence of structural conflict and how diagnosis might become the starting point for collective transformation.