

Please write a few sentences about yourself I can use as an introduction. Maybe school, what you usually do, something you're proud of, whatever you feel like.

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How does a Polish artist end up in AQB?

I had heard about aqb budapest much earlier. I learned about it from a hungarian friend while attending a residency in Berlin a few years ago, so I've had my eye on the place ever since.

At the time, I was investigating death-related places where I could conduct field research. I was working on my Phd project „Tanatoarchitecture. Rehearsing to mortality” which reflects on the influence of architecture, its material and spatial organisation, on the body in the process of illness and dying.

At first I thought about doing research in one of the hospitals in Poland, but then I realized that actually what I was looking for I could find in Budapest also, because the aesthetics of the hospital spaces would be similar in both cities. And the artist residency gives you the space and the time to be fully committed to the project. So I contacted aqb with a proposal of my project, and they suggested cooperation with Semmelweis University and expressed willingness to help with communication. After getting their approval, I applied for the International Visegrad Fund, which I received. And so I found myself on a three-month residency program at art quarter budapest.

You used your residency to create videoworks. Where did the idea come from?

As I mentioned, these video works are part of my doctoral proposal.

I often work with archival materials as a starting point for projects. So while conducting research, I found very interesting instructional archival footage depicting nurses performing the activities of transferring and lifting a sick body. I also collected several archival videos on this very topic while conducting research at the University of Granada earlier that year.

During my residency at aqb budapest, I established a collaboration with the Geriatrics Clinic and Nursing Learning Center (part of Semmelweis Medical University in Budapest.) I had the opportunity to participate in the life of the clinic for 7 days.

I conducted field research, observing and documenting the work of the nurses and physiotherapists. I focused on analyzing gestures and aspects of the human body in the space. I had an insight into hospital life, which is a separate world, so to speak, a culture that is different from the "real world," one might even say a reversal of normal life, hidden and inaccessible to the eyes of the healthy.

All the observations I made, combined with the archival material I collected, led me to make a video in collaboration with two great Budapest choreographers - Tamara Zsófia Vadas and Júlia Vavra.

In this part of my doctoral project, I mainly refer to the thought of Juhani Pallasmaa, who is a Finnish architect and theorist who has made major contributions to architectural theory. He introduced the phenomenological aspects of multisensory perception of the human body into architectural theory. Architecture in this chapter of my project should not be understood simply as a collection of concrete, walls, etc., but rather as bodies, objects and gestures of which it is composed. It should be understood more like a bodily encounter that consists of all the gestures and movements around the diseased body. Redefined and reformulated with each new encounter, formed through human actions.

Choreography of Care is both a finished work and a study, the results of which will allow me to undertake the next stages of my project related to the analysis of the relationship between the patient's body and its environment: architectural, but also shaped by the type of gestures made towards it.

I know you visited hospitals, what else was part of the preparation?

It was quite a long process. In parallel with conducting field research at the Geriatrics Clinic and Nursing Learning Center, I was looking for people willing to collaborate on the project. Thanks to the fact that aqb is a place where people from different fields have their studios, and that people engaged in running the institution were actively involved in process, I was able to find Tamara, who is a great choreographer and has her studio at aqb. Tamara, in turn, invited Júlia Vavra to join the project. Together we worked on the final form of choreography for the video. We agreed on a neutral color and a combination of a sporty style with a heavily uniform shirt for the costumes. Malgo, who was responsible for the cinematography, came to Budapest from Paris to work on the project with me.

During your presentation at the end of the residency, you mentioned the relation between architecture and people, especially how a hospital setting determinates the feelings of sick or dying people. Would you elaborate on that?

With the development of medicine at the turn of the 19th and 20th centuries, the process of dying was moved from houses and apartments to hospital rooms. The pattern of dying also changed. "Traditional death" had been replaced by the "modern death" – a model in which the very process of dying has been pushed out of the collective consciousness and thrust beyond the field of visibility.

An essential part of how we die is where we die. However, the architecture of the places associated with death seems to follow a spatial arrangement completely detached from emotions accompanying the crucial moment of departure. The results of scientific research in the area of proxemics prove that the surrounding architecture and its elements can strengthen or suppress emotions in humans. The psychology of architecture shows that the type of materials used, rhythm, spatial order, color and lighting co-create our attitude toward a specific space. The perception of space, sound, smell and tactile sensations (temperature,

humidity, air flow) determine how comfortable we feel and affect our spatial and bodily involvement.

The mentioned research results may constitute the basis for extended research on the impact architecture has on the body, senses and feelings in the process of dying. The matter of death and the space dedicated to it is a universal issue that requires visibility. The lack of sufficient analyses, especially in the context of artistic research, opens up a wide field for artistic activities.

The main hypothesis of my project states that artistic research as well as art is a type of discourse expanding our knowledge and developing anthropological reflection on the influence of architecture, its material and spatial organization on emotions related to the experience of death.

Did it have an impact on you to spend time in hospitals as a sort of guest?

Yes, of course. It was a very difficult but also valuable experience.

I saw people in a very bad mental and physical state. Mostly they were elderly people. I experienced different ways in which caregivers work. I remember that when I arrived there on the 4th or 5th day I realized that two people were missing, that two beds were empty. By then I knew all the patients in the ward so I was very concerned. While for people working there on a daily basis it was completely unemotional and normal. I also remember a beautiful scene when, during the hospital rounds, when the nurses were performing sanitary tasks, one of them started singing, and then the others joined her. They retained some kind of strength and joy, despite a situation that would seem rather the contrary. They retained some kind of strength and joy, despite a situation that would seem rather upsetting.

I thought a lot about that time I spent there, in the space where people die and it occurs to me that it was a necessary experience for me. And against all appearances this contact with illness and death was purifying and therapeutic.

I remember seeing some archive footage of nurses dressing and changing patients, and there was a lingering feeling of them dealing with an object rather than a person, mostly because they were so calculated and professional. In your video, the dancers imitate those movements in a very abstract way. But there is no patient. Why?

The dancers mimic the movements, but the choreography is an interpretation rather than a reconstruction of the movements around the sick body in the space. The basis is a combination of archival photos and videos, observation and documentation of the nurses' work at the clinic, and several instructional videos found online. Together with Tamara and Julia we sort of extracted 10 components from all the materials I managed to gather. Then from that point we built a choreography. Some positions are modified and taken further into a

more playful approach. For example, there was a position in which two caregivers were helping a patient to stand. One of them was belaying the other, which from an outsider perspective looked like they were forming a circle. So we focused on that adding repetition and playfulness to the position.

While watching a video we are confronted with the spectacle of touch, which is usually hidden from our view, in which the main actor - the one being touched - is absent. I wanted to concentrate fully on the movements around the sick body, on touching and caring, on how care can be enacted in gestures. When you remove the body and stay with this abstract way, which when performed with calm and smooth movements can be really beautiful it starts to be more visible and strong in a way.

You filmed the dancers in a white cube-like space, and the sterility of that reminds me of a hospital, but overall it's still much more intimate than a ward. Maybe because of the size, maybe because it's not just clean but new too. Was it your intention to comment on the state of these institutions, or were you trying to stick to a more neutral read on society hiding the sick from the healthy?

I was definitely trying to stick to neutral read. It happened that new studios were being renovated at that time at aqb and one of them, semantically neutral with beautiful light, turned out to be perfect for the video.

I wanted to focus on the gestures and movements around the diseased body, so it was very important that the space serve only as a background and give visibility to the choreography itself.

Hospitals are somewhat prison-like, both in their structure and their function. Should they be built differently to give a more humane experience to the patients?

This is a very broad question. It is very difficult to answer it briefly here, and I think I lack the tools to do so. It is clear that hospitals are not aesthetically the most welcoming spaces. A sick person feels safe in familiar surroundings - at home and in the presence of loved ones. When such a person is fragile, the ability to respond very directly to the world and view it with childlike intensity is amplified. The whole body then reacts to its architectural elements. We face the infinite, but at the same time we are forced to deal with the systems in which we operate and which organise our lives from above.

Allison Killing, an architect whose work pushes the boundaries of how we design for death and day care, claims hospital architecture was not always like this. She recalls the "Hospital of the Innocents," where all the rooms were large, with tall windows and access to a courtyard, which meant daylight and fresh air. So somehow we forgot that this was possible.

To change that we need to be able to talk about it and we do not talk about death. Obviously there are some ready solutions how hospitals should be built differently for example the lightening, which is meant to give the impression of hygiene and cleanliness, but can cause patients discomfort and ultimately negatively affect their psychological experience. To quote Plasma here : "The use of constant high levels of lighting is an effective method of mental torture." or the acoustic of the space, materials that are used, that feel less clinical, more "homeful" or simply focusing on privacy aspect.

My interest within the project is rather to raise questions, not to give ready answers. I don't want to suggest solutions, but rather to question certain issues.

In your other video, the hand becomes visible due to the bandage. Almost as if tending to a wound was a way to build someone. Do you think about the body as a structure?

In this particular work the body can be understood as a structure. It gives form to the invisible. The video you mentioned is part of a five-channel installation, in which each video shows a digitally generated bandage floating in an undefined space. It's also part of my doctoral research and is associated with a change concerning the perception of death.

During the screening, a female voice reads a text that is a paraphrase of a quote from Derrida's essay: 'And for better and worse, we are left holding signifiers, detached, asking what they mean and where's the body. The time of interpretation, in between time, before we know what it means, signaling something but what?'

For me the bandage in the video creates a contemporary image of death, giving form to that which is invisible and culturally repressed. As a creative method, the imitation built by the 3D model becomes a modern image of death " because old representations of the dead body are beyond our contemporary experience and perception. The absence of the corpse ' a peculiar negative ' is revealed by obscuring it, giving shape to death while removing its signs from the sight of the living.

Your answers can be long, we have space for that.

If I didn't ask you about something you would like to talk about, just write it down and I'll place it somewhere.

Could you send me the videoworks? And some screen captions you especially like as pictures? Or reproductions of your other works you feel would work with this topic.