

## For All I Care - Episode 03 Transcription

**Nwando Ebizie:** [00:00:00] My name is Nwando Ebizie. I'm a multidisciplinary artist and in this episode, we're thinking about ways to care collectively.

For me, community means many things. I've got lots of disparate types of communities. I've got my creative community. I've got the community of the little hamlet I live in, the local queer, artistic community, the crip community, which is an international community of fabulous crips. There's the mad artist community set up by the amazing artist I know called the vacuum cleaner. There's my family. There's the Igbo communities, the Nigerian community. There's the British-Nigerian community. And I move in and out of all of these communities. I tend to think of them more as my constituency. The connection is me and I have to move through myself to them. I have to work out how I care for them. It's an ongoing work and I take that as part of my work.

This is For All I Care, a mini-series about how to care more creatively, brought to you by BALTIC Centre for Contemporary Art and Wellcome Collection. In this episode, we'll be thinking about the unequal access that some communities have to care and ideas to restructure and redress this imbalance.

We'll look at how rest has been politicised, whether the mental health system can be redeemed by art and how to navigate the noise of the city.

Let's begin with a wake-up call.

**Navild Acosta:** [00:01:57] So across the world, we have a very big issue, which is that most people of colour and marginal communities, indigenous communities, black communities are suffering from less sleep in their life, less rest. And not just sleep, right? We're talking about quality sleep.

**Nwando Ebizie:** [00:02:14] Artists Navild Acosta and Fannie Sosa created Black Power Naps, a project that tackles the unequal access to rest in Western society, where relaxation is a luxury for the privileged and rest has been systematically denied to black people.

**Navild Acosta:** [00:02:32] So Black Power Naps is a project that we started developing way back in 2015, as an idea. The term "black power naps" came from a workshop that I was leading in Berlin with a group of black creatives. We were talking about structural racism and unpacking, uh, white supremacy for about two days straight.

And at the end of this workshop, somebody said, I wish we could go and all take a nap together. And I just, like immediately said, black power naps. And I called Sosa that same day and they were like, "This is genius. We need to..."

**Fannie Sosa:** [00:03:15] I was like "Ooh girl yes! Give it to me, let's go." And we were both, sort of, having like a side element of our practice, which has always, sort of, been reflecting about, um, the economy of the arts and how, you know, it excludes black, migrant, indigenous, people of colour and we always would, kind of, come up with really concrete solutions and concrete ways to basically close in around, um, the discrimination and racism and all kinds of structural issues that we were facing. And so Black Power Naps also come, came from a tongue in cheek, like, humour. Like we were like laughing and we're like, "We need to take naps and we need to be paid to take naps" at this point.

And now here we are. And then we were going around with these threads of exhaustion and institutional and naps and black power naps, and then we researched it and then we became aware of something that we kind of knew diffusely, but we didn't know it had a name, which is the racial sleep gap.

**Navild Acosta:** [00:04:28] The sleep gap is research and data and statistics that show that black people, racialised people, get significantly less sleep than their white counterparts. And this has everything to do with the stresses that are affiliated with being a person of colour in this society, um, globally. So most of these numbers are from the US but we can now, as we keep expanding our research, et cetera, we see that it is a global issue.

We're talking about quality sleep. Deep REM. The reparative dream cycles that we all require in order to keep processing the troubles that we have in our days and

continue to regenerate ourselves so that we can wake up fresh. We also want to point out through Black Power Naps is idle space and idle time. Leisure time. Rest is not just sleeping, like, with our eyes closed. We also need a space to repair in our waking moments and so we are really interested in thinking through how colour and architecture, but also shapes, um, essentially all the senses, we're sort of working with sound and vibration, et cetera. Researching all of these things in order to keep creating a space and a landscape that ultimately invites black and racialised people to rest in the space.

**Nwando Ebizie:** [00:06:11] Part of the Black Power Naps project is highlighting the long history of sleep deprivation for black and racialised people.

They're going to be describing the project and the research. It's an amazing listen, but I did want to flag for black people, a trigger warning. They're going to be talking about slavery, the legacy of slavery and how, really, the access to sleep and rest was weaponised against black people.

**Fannie Sosa:** [00:06:42] This is not new, first of all. The racial sleep gap is a, almost a economical inheritance of slavery. Specifically, when we're talking about, you know, the American and by American I talk about North American, but also Latin American, South American. When we talk about the quote unquote "New World", which had massive enslaved labour and how sleep, or more accurately sleep deprivation, would be silently, deliberately used to break the will of the enslaved labourers, to not allow for free time, idle time, where they would be able to scheme for liberation.

There were studies about where to sleep, the quarters, the slave quarters, the sound that they would wake up to, the fact that they would only sleep three to five hours a night. Like all of that is reflected, for example, in Frederick Douglass' memoir where he says the most punished crime, um, in slavery was falling asleep.

And so this connects with an entire archetypical, stereotypical, um, racist eugenic idea that black folks are lazy. And this was sort of constructed specifically to hide and to dissimulate the inhumane levels of sleep deprivation that were happening,

right? So you would, you know, wake up at the dawn of the day and then go on the fields for 18 hours and if you were to ever fall asleep, you will be punished and then you would also be treated as if this is like a characteristic of all black people and it's called dysaesthesia aethiopica. So dysaesthesia aethiopica sort of referred to an alleged mental illness, which is literally laziness, being tired, and the cure for dysaesthesia aethiopica was hard work in the sun.

So that's very perverse and so you can see how the roots of pathologising sleep and rest come from. They come from literally this having an actual name. And so the racial sleep gap is also a history lesson, as well as it is like an understanding of the present impacts.

**Navild Acosta:** [00:09:01] This is still kind of like rippling in time and space, right? And so Black Power Naps really is centring the rest and liberating the rest of black racialised people, but it is ultimately a conversation for everyone, right? Because we do need to address the fact that we're living inside of a system, inside of a dominant culture that allows and makes okay that we don't get enough rest and it actually is a badge of honour to not be resting that well. So we really think that Black Power Naps opens up this, like, Pandora's Box of conversation around globally, every single person on this planet, needing access to rest, but not only needing access, we need people who have access to learn the ways to liberate that access for everyone else as well.

**Nwando Ebizie:** [00:09:59] Black Power Naps have been working with BALTIC to create a dream bag. A series of guided audio rests. The toolkit has been specially conceived for people who experience racism in our society to help relieve the constant fatigue by slowing down and resting. This first recording from the dream bag is an awakening.

**Dream Bag Announcer:** [00:10:25] Hello listeners. Bringing you sleep bag by Black Power Naps, Navild Acosta and Fannie Sosa.

**Dream Bag Reader:** [00:10:34] Good morning, my love.

Time to wake up. It's okay. I'm here with you. I'm also drifting out of dream state.

I'm going to open my eyes. Want to join me?

That's right.

Take your time.

How does your body feel?

Did you sleep okay?

What do you see around you?

Do you see a mess like I do?

Now I'm breathing deeply

and then leaning into you.

Feel my warmth as I feel yours.

Feel the warmth of the new day.

And remember, I love you.

What would you like to do now?

Don't rush into the first thing that comes into your mind.

And if that first instinct is to go back to sleep, set the alarm for another 10 minutes.

Time is an illusion.

If the first thing you think of is "Light up a J", play some piano. Drink some water. Take a poo. That's okay. Do it. It's going to be a very good thing for you.

Just remember to breathe and take your time and don't rush in to your obligations. Simply breathe and settle into the new day.

[Sings] I don't want to go to work today. I'd rather stay home and play video games. I wanna too, but I gotta get up. Yeah, I gotta, gotta, gotta, gotta, gotta, gotta, gotta, gotta get up, get up. I don't want to go to work today. I'd rather stay home and play video games. Yeah, I do, for real. Cause you know how I feel, you feel how I, looking for something, trying to get nothing, everywhere I turn there's a bill, standing now, swim a river, climb a hill. Complacency ain't gon' get me no, no, no, no. Yeah I gotta get up. Cause I got, I got, I got, I gotta, gotta, gotta, gotta, gotta get up, get up.

**Nwando Ebizie:** [00:14:55] As a black person, as a neurodivergent person, as somebody who grew up in a culture, always being told that I had to work harder, run faster, be better than the white people around me, and really internalising that, that the opposite of that was laziness, and the opposite of that would just lead me to a dead end, I've had to really deconstruct, unconstruct, that internally, and maybe that's what's led me to be really interested in liminal spaces, the spaces in between. The healing, restorative nature of sleep, physiologically and psychologically, and also the potential knowledge that arises from the liminal states, from the night dreams and daydreams and just non-activity.

And it was only when I began prioritising rest as part of my work, not only the way that work is normally understood, i.e. labour within a capitalist system, but the, the work on myself, that I think my imagination and my creative ability was actually given space and room to flourish, to breathe.

I've got a friend, they're an artist. We ring each other and we mostly just, just brag about how much we've managed to rest. So recently we've been talking about this amazing instagrammer called Majimbo. Please check her out. 19-year-old, Kenyan comedian, just living her life and doing these amazing little skits about how, yeah you can phone her and yeah, you can ask her to meet up and yeah, you can ask about how much she's worked, but, um, she's not going to answer the phone.

She's chilling, she's eating crisps. And every time I get too frenetic about busy-ness, I've got to do this, I've got to do that, I just, I just put her on and it just really settles me again.

Being healthy means different things to each of us, but the last year has brought home just how stark the differences are in access to conditions which allow some groups and communities to live in good health while others suffer. And Public Health England say that in England today, those in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas.

These health inequalities are “systematic, avoidable and unjust”.

Health inequalities show themselves in many ways. We've brought together two people who discuss the situation in our mental health system. One is artist, Dolly Sen.

**Dolly Sen:** [00:17:54] Hello, my name is Dolly Sen. I'm a writer, filmmaker, artist, performer, activist and, I hope, troublemaker.

**Nwando Ebizie:** [00:18:03] And the other is Professor Stephani Hatch, who is currently leading a Wellcome funded study called TIDES that stands for Tackling Inequalities and Discrimination Experiences in Health Services.

**Stephani Hatch:** [00:18:17] I'm Stephani Hatch. I'm a professor of sociology and epidemiology at the Institute of Psychiatry, Psychology and Neuroscience at King's College London.

**Nwando Ebizie:** [00:18:28] Dolly and Stephani talk about mental health issues here. There might be things here that you find distressing, and we've got details of organisations that can help coming up at the end of the discussion. You can also find them in the episode text. Let's get into Dolly and Stephani's conversation.

**Dolly Sen:** [00:18:49] I'm quite interested cause you, you work in South London. I live in Norfolk now, but I'm originally a South Londoner and Maudsley was my

local hospital and I have done a little bit of work, uh, with the Institute of Psychiatry and stuff, so that, I'm quite interested. From my experience, I found it quite an unequal place. So I'll be interested to see, um, hear about the work you're doing in kind of tackling inequality.

**Stephani Hatch:** [00:19:17] So it's... my work started off, um, here in London, um, focused on South East London. So, um, along with a colleague of mine led the South East London Community Health Study, and that started back in 2008 and we decided that there wasn't enough information about the inequalities that the communities were facing that were being served by the South London and Maudsley NHS Foundation Trust.

You know, there'd been a big reliance on national data, but we felt, you know, the levels of need in the community would be quite different, um, than what we were seeing and particularly by race and ethnicity. That's where I started and doing work in communities and working with communities. So around about the same time I started the HERON Network, um, and it's really a network to provide a space for researchers to come together with service users, um, healthcare providers, community activists, advocates, um, artists, um, policymakers, so that everyone is sitting at the same table, having the conversation about inequalities.

You know, the way that I was trained was really around reciprocity. What are we also giving back? But I live in South East London and it's my community, and I, you know, sort of also take it very seriously that I am here to serve my community and to find out ways, not only to identify the inequalities, but also to figure out ways that we can tackle those inequalities.

**Dolly Sen:** [00:20:53] Okay. That's really cool. But why do you think it's taken so long for something like this to happen? Because, you know, I have worked as a researcher myself, a survivor researcher, and I'm talking only a couple of years ago, I was part of a, um, an event and one of the questions was how to engage with communities, and somebody in the audience said to a certain academic researcher, why isn't there more black voices? Why aren't there more, for



example, Muslim voices in your research? And she said, well, we put up posters and stuff and they haven't engaged with us.

Which really made me angry. Because why should they? You're potentially part of a system that has hurt them, ignored them, demonised them. Why would they come running to you? And why can't you get off your bottom and go meet them? So, yeah, yeah, I'm quite interested... why do you think it's taken so long?

**Stephani Hatch:** [00:21:50] I think that racial inclusion in academia and in research and specifically in mental health research continues to be elusive. I don't think that we've even come nearly as far as, that we need to. I've heard that so many times and to my colleagues, I say, you know, if you, because they're always asking the question too late, as well. So my approach to doing research is to engage with the community early on, because it's about building up trust and there being a sustainable relationship.

How do we establish these relationships whereby the people who are being trained in research are learning more about the value of the community, the value of the leadership, the value of the knowledge in the community? That everything that we're doing is not written in a published article or in a chapter in a book and that we have to respect that.

I think there is an absence of people from, um, racially and ethnic diverse populations, not only in the research, but also the people conducting the research. I think it has partly to do with some unaddressed issues around racism and how racism operates within and across systems and institutions. It occurs at interpersonal levels of course, and also becomes internalised, which then impacts mental health. And we see how it, it plays a part in systems, including higher education. The number of times that, you know, I was discouraged, um, and had to sort of manoeuvre around that to, to, um, get to the next step, you can see... so the barriers that get put in place, I think those are the things that we also need to be addressing.

**Dolly Sen:** [00:23:42] As a long-time service user from the age of 14 to 30-something, not a single person, single mental professional asked me what my experience of racism was and how it impacted my mental health. I think I might echo a few, you know, a lot of people's feelings is that the system can't be fixed. What do you say, say to that? If somebody said, you know, you know, somebody who wants to, to take part in research, but says, why, why bother?

**Stephani Hatch:** [00:24:11] So, I mean, I say the same thing, as I say to people who say, well, why should I stay in academia as a, um, you know, someone from a racial and ethnic minority group? And the reason is because if... I mean, I hold out hope only because the system is not going to go away. So we, we have to work with the system in terms of improving the system. But our voices need to be heard. And that's what I really like about your art in the, in the way that you express yourself, um, is that you are bold. And I feel like this is something that I have to stay the course on, is to be bold.

Two or three years ago I went to, um, the Wellcome Trust with an idea about focusing on discrimination in health services. Not only from, in terms of the service user experience, but also how healthcare providers and practitioners are experiencing discrimination. There wasn't really anything like that.

I started off, you know, sort of looking at exactly what you're describing about how, how service users experience this and trying to identify and really think about what can we practically do within the system that isn't perfect? How can we at least, um, make people's experiences of racism and discrimination heard? Because oftentimes they'd come up and people would just sort of, you know, downplay them or say it wasn't to do with that or, how do you know it's real or it's just perceived, and I'm like, it's real in its consequences. And the fact that you mentioned, you know, never being asked about your experiences of, of racism or discrimination in relationship, in the, in the mental health context is really the common experience and needs to change because the evidence is there and the evidence is, is, is very clear about how pervasive, um, the effects of racism and discrimination are on mental health.

For many of us, this is an exposure to an adversity from a very young age. What we haven't done, is we've sort of overlooked a major contributor to poor mental health, to mental health problems, and, you know, we're just starting to think about like, how do we tackle this?

You know, do I have days when I feel like there's, you know, I just get worn down? But I have to stay hopeful because I, I see all of the people who, you know, that I collaborate with in the communities and the volunteering community sector within health services, within community, service users that like, I just, I can't think of an alternative that I'd be happy with.

**Dolly Sen:** [00:27:07] People ask me, do I have hope for the mental health system? And I actually have to be honest and say, no. I mean, there could be small changes, but I think fundamentally it's a very flawed system. But that doesn't stop me trying to tackle inequality. That doesn't stop me trying to make changes, because like you say, there is no alternative. You either watch... sit by and watch it happen or you try to change it.

**Stephani Hatch:** [00:27:33] So, so Dolly, I, you know, that's enough about me. I want to hear about your work because I, I looked at your website with great interest in and watching the videos. So can you tell me a little bit about how you started to create art or when you started to create art and, and some of the things that you're working on now?

**Dolly Sen:** [00:27:52] Okay, yeah. I had my first psychosis at age 14 and literally hid away from the world for the next say, 16 years. I made the decision on my 30th birthday to either live or die because I said to myself, I can't carry on living the life, because literally I was stuck in my bedroom too scared to do anything. And before that I used to do little bits of writing. That was my, kind of, natural progression was to continue writing. And reading my story I started to have empathy for myself.

I started to continue with writing and then I did a film degree. I saw people doing, uh, visual art. I said, I want to do that. So I just, you know, I just gave it a go.

I had worked as a service user involvement worker. I had worked as a researcher in mental health, and I also have some training in being an occupational therapist. I've done two years out of a three-year course. For myself, I couldn't change the system being in it.

Then I decided to use art, um, in my activism and one of the ways I did it, which still has an impact today was a few years back, well quite a few years back, I had to stay at the Maudsley Hospital and it was horrible. So instead of making a complaint, which I knew wouldn't change anything, I TripAdvisor-ed my stay at the Maudsley Hospital, and I used humour basically.

So I, you know, I talked about, we didn't get chocolates on our pillow, you know, I won't say what I found instead, um, that was of the same colour. But anyway, it became really popular. It was, um, shared a lot on social media. I had to share my voice somehow, without it being censored. It was the only way that was presented to me at the time where I had the power. In art I will always have the power. And the thing about humour is that if you make fun of, um, psychiatry, which is what I do almost for a living, they don't know what to do. They can't argue with me because they're scared.

I use art in my activism to kind of highlight, you know, injustice, which I've done with my current project, which is called Section 136 and Section 136 is a, uh, a police power to section someone in public if they're a danger to themselves or other people.

And I decided to section the Department of Work and Pensions, which is the department that, um, is in charge of, uh, benefits and, uh, stop them working for, you know, it was only stopping them working for, you know, five minutes.

A lot of systems, and yeah, I will say this of the mental health system, is a silencing and there's, there's very few arenas for people who use mental health services to actually speak their truth and speak freely and you know, art is one of them, so that's, that's why I'm so passionate about it.

**Nwando Ebizie:** [00:31:01] There'll be more from Stephani and Dolly later in the episode. If you or someone you know are feeling emotionally distressed, there are organisations that can offer advice and support. If you're in the UK or Ireland, you can get in touch with the Samaritans for free by calling 116 123. You can send them an email to [jo@samaritans.org](mailto:jo@samaritans.org) or you can visit [samaritans.org](http://samaritans.org). Other international helplines can be found at [befrienders.org](http://befrienders.org) and you can find more details of helplines in the text accompanying the podcast.

I think community led research is vital. Nothing about us without us. For example, the diagnostic criteria for a lot of neurodivergent conditions was written by people who aren't neurodivergent. And it's massively important that people who are disabled by society write their own narratives and lead on the research that is meant to help them.

One of the projects I'm working on at the moment is trying to bring research around a very little-known neurological condition called Visual Snow more into public consciousness. It's, it's been exhibitions, it's been spaces where science researchers and artists can come together and see how we can, how we can work together. Yeah, that, that's ongoing. I don't see an end to it until I feel like it's, it's gotten to the place where it's more widely known, where the research is more funded, where you can go to your GPs and they know what you're talking about.

When we think about the ways we connect and impact each other, we might not think about the noise we make – the music that bleeds through our windows and gives away our mood, the laughter of our neighbours' kids that cheers us up. Even if you live alone in the countryside, it's there.

Sound is so often communal and here artist Rowdy SS offers us a way to find some alone time in the midst of the cacophony.

**Rowdy SS:** [00:33:44] My name is Rowdy SS and I'm a London-based live artist, working with sound and movement, videos and live happening to create immersive spaces.

In this installation I wanted to take sound from a noisy London space, um, to create some kind of composition or soundtrack audio experience that could allow for the listener to have, um, an alternative experience from everyday sound that would normally pollute or congest.

To allow for the idea to create a new relationship to the sound and allow self to become healer, um, within this new relationship or this new experience of what may be harmful or, um, subconsciously affecting negatively the experience of a day to day being.

Juxtaposed against the constant going and being busy and schedules and agendas there's also this potential to find some kind of shift in transformative healing from stopping.

I think it's interesting to look at how we make contact and how we communicate. So I took my iPhone into subway spaces and recorded air sounds and mixed these with vocal sounds recorded in those spaces, as well as, um, the beep of contactless payments in supermarkets and Oyster cards in the tube station, and then create a metronome from these sounds that would loop and build in syncopation, but then develop new rhythms.

Self-isolated, introverted, thinking, being, a chance to be present in the moment of the now to create a submersive space that acts as some kind of conduit to or for healthier ways of being.

For the final section of, um, the work I wanted to find ways to re-introduce the urban and industrial city noises and sounds. So I decided to use a recording of a tube journey juxtaposed against a walk in the forest.

The hope is for there to be a new relationship built with each of these sounds singularly. And then I guess on coming into contact with these sounds again on everyday life, that there's a new musical relationship that's built, um, so subconsciously or consciously, and consciously, there's now some kind of respite.

**Nwando Ebizie:** [00:41:27] Dolly Sen's art demands that we take notice. It amplifies the experiences of people using the mental health system that we might otherwise not hear. Dolly and Professor Stephani Hatch have been considering how to make the most noise and who needs to hear it.

**Dolly Sen:** [00:41:46] So, Stephani, one of my frustrations about research is whether it's taken up. You know, the government just needs to ignore it. I mean, how can it be actioned when people don't want to action it? Is that too difficult a question?

**Stephani Hatch:** [00:42:03] No, I, I, so that, to me, takes us back to thinking about the community level and not always thinking about changing the bigger policies. And I get frustrated with the idea that there's so much evidence out there that policy makers don't necessarily pay attention to. Where I think a lot of the change can really happen is that the community level. What can I work... you know, working with one community organisation, what kind of change can we make? But not only make locally, but, uh, establish some sort of template or exemplar or toolkit or whatever infrastructure whereby we share and are transparent about the things that we're doing so that they can be adapted by other groups, other communities, um, to take forward.

So having peer researchers, community researchers working alongside us, but not just saying it. One of the first things that we we've done is to, um, to co-create basic training around research methods and ethics, and then look to our community, um, organisations and partners and researchers to tell us, like to think about what we can learn from them and put that in the training, but then make it available to everyone. We, we can make change at this level. Yes, it would be great to influence the big policies, um, but if I wait for that, it's just waiting way too long.

**Dolly Sen:** [00:43:31] How I do my work now is that I, I kind of engage with an online community, um, for example, I'm on Instagram and Twitter, and I basically

want to show people they do have power, they do have beauty. And also you give people an armour to fight.

**Stephani Hatch:** [00:43:49] Do you feel, I mean, I think one of the things that we have in common is, is using art. So you talk about using poetry and using humour and do you feel that that helps not only to get the stories, which I think you're exactly right, I mean, there are so many stories, like the ones that you're trying to highlight and, which is one of the reasons why I like to use mixed methods, but also to think about how we reconsider what evidence is. So do you feel like your work, you could come back and collaborate with, um, researchers more?

**Dolly Sen:** [00:44:26] I do think that methodologies and research need to go more down the creative route. To me, like the mental health system or the benefit system is an ugly system. And, uh, you know, me being an artist, I want people's stories to have the beauty that is inherent. The kind of, the uplifting of people, the beauty in people into research as well. I would love to see a research project that is just creative from start to finish. I don't know how that would work. That, that, that would be the only, the only way I would be a researcher. I'm basically saying, in a very... trying not to, uh, offend you being a researcher is that I find research currently quite boring. [They laugh together] And I just say it needs, it needs to be a bit more beautiful. That's what I'm saying.

**Stephani Hatch:** [00:45:17] I don't take offense to that at all. [laughs] I look for those moments where I can be creative, and I think that's part of the reason why I created HERON. When I was growing up, I was involved in performing arts and went to a performing arts high school and, um, and then took up psychology and sociology later. But still, you know, uh, studied dance and taught dance to put myself through, um, my PhD studies and things like that. You know, it is always a part of my life. So like any opportunity I have to collaborate with people in the theatre or, you know, in the art world or photographers I jump at because you're, you're right, there, there are some really boring elements of it. But I like to think about the writing as my creativity and okay, there's always going to be those sections, like the methods and the results that are pretty standard and pretty



boring, but let's really think about our writing and in terms of our introductions and our conclusions are, you know, things like that. Or when you're giving a presentation, like just, you know, think about how you're communicating and different ways you can communicate. I think it's incredibly important. I'd love to see that, and so maybe we should hook up and see how we could do that.

**Dolly Sen:** [00:46:32] Yeah I think we ought to. Do you know what, I would absolutely love though, Stephani, is to have a piece of research that is just a musical from start to finish.

**Stephani Hatch:** [00:46:39] Oh, I would love that too.

**Dolly Sen:** [00:46:41] That would be awesome. I mean, I, I might go pop to the loo when it comes to the methodology bit, but I think, um, yeah, that would be awesome. [laughs]

**Stephani Hatch:** [00:46:51] I might change your mind. I'll think of something. [laugh together]

**Nwando Ebizie:** [00:47:01] In this episode, we've been thinking about centring community within healthcare and how that might make for healthier communities. But these words, "healthy" and "community" can so often be used against us, actually nullifying their positive potential. We asked Black Power Naps what they think about these terms.

**Navild Acosta:** [00:47:24] You know, these are two words that are very much weaponised against our project Black Power Naps often. It's like people see Black Power Naps and they're like, okay, so this is about health and like holistic health and rest and it has sort of, it can flatten essentially what the work is, right? It is deeply divergent from this dominant culture of like health spa, self-care, which is like, often like white linens, white beach sand, white lotion, and like white surfaces and we're thinking about how spaces are chromophobic. They're afraid of colour. And often spaces of rest are afraid of colour. So when I think of community, when I think of health, I often think of like dominant culture and how they hold health

and how they hold community and both of the ways that they do have been, um, weaponised, not only weaponised, but very endangering for myself personally, as a black, trans, queer person, but also it's very harmful, um, the ways in which dominant culture can hold health and can hold community.

**Fannie Sosa:** [00:48:48] I want to add, like, what is a healthy community when a lot of us queers are sick? A lot of us queers of colour are immunocompromised, are at risk specifically because of this energetic debt that we were talking about, you know, because of coming from generations of people that were literally worked to death. Physiologies, systems, nervous systems fried to death, right? And I just really kind of recoil at the mention of "community", even though, you know, we are allegedly doing community work. And I also recoil at the, at the term "health", because it kind of organises care around doing and buying. So what I mean by that is like self-care is, I'm gonna do a bubble bath and I'm gonna buy my chocolates and I'm gonna buy a K-Beauty, 12 step skincare routine, blah, blah, blah.

And in a way, what we're finding with Black Power Naps is that self-care also is about what you don't do. Also is about what you don't buy. And I think that the not doing part, I feel like people kind of relate to that, or at least white people relate to, let me not do, as a gesture of restraint, a gesture of saviourism a bit, redistribution but it's a bit saviourism, but then what we're exploring with Black Power Naps is the not doing as an act of rebellion, as an act of actually redistributing wealth.

When I think about what Black Power Naps does, it's obviously a lot of different levels, but also what it does is that it sort of holds the white institution that welcomes the project accountable to shifting from a logic of cooperation, which is the buzzword in diversity, "oh, we cooperate", no, you repair.

You are here to repair the artists, to repair their work, to repair their link and bond with community, to repair the health, to repair the wealth. And I do think that in the short time that we have been doing Black Power Naps, I mean, it's been really

difficult, not going to lie, but I have seen very key victories in terms of, I laughed because those are stories for another time, but we have seen reparation. We have brought reparation upon ourselves, honey. So yeah.

**Nwando Ebizie:** [00:51:50] Thank you so much to Black Power Naps, Navild Acosta and Fannie Sosa. Straight after the credits at the end of this episode, they're going to be offering us a guided rest, so please stay listening for that. And you can find their dream bag online at [baltic.art/dreambag](http://baltic.art/dreambag). And thank you to all our other contributors as well, Dolly Sen, and Stephani Hatch, and Rowdy SS. And thank you for listening to For All I Care.

If you'd like to explore more about the ideas you've heard in this podcast, please go to [baltic.art](http://baltic.art), where you can also find show notes with recommended reading, more information about our contributors and a transcription of the episode.

Next time we ask, what can we learn from the way the non-human world cares for itself?

Join me. For All I Care arrives Wednesday 24th February.

For All I Care is a collaboration between Baltic and Wellcome Collection and the podcast is produced by Reduced Listening. The producer is Katherine Godfrey and the executive producer is Alannah Chance. Our music is composed by Nkisi and the series is sound designed by Axel Kacoutié. And I'm Nwando Ebizie.

Now, tuck yourself in, close your eyes and take a good well-earned rest with Black Power Naps.

**Dream Bag Announcer:** [00:53:36] Hello listeners, bringing your sleep bag, by Black Power Naps, Navild Acosta and Fannie Sosa.

**Dream Bag Reader:** [00:53:47] My love, my dear friend. You are alive and you just had a long day.

And I think you and me, we both know that it is time to take a break.

You know, it might be the middle of the day, or it might be mid-afternoon, or it might even be at the end of the day or in the middle of the night really, but I want you to listen to this when you know that you deserve and need a break. Perhaps your mind is giving you other perspectives. that say, no, I gotta go do this, no, I gotta go do that, no, I gotta go see....

Don't listen to them. Listen to my voice right now. And it says, take that nap. My love, you deserve to rest. Darling, it's been just too many lifetimes of hard work to even get to this moment.

So I'm going to go ahead and give you permission, even if you just woke up and it is the morning and you still feel like you want to stay in bed. Well, go ahead and talk to me right here and I will be here giving you permission to rest and to not get out of bed today.

Everything can wait.

Everything can wait.

My love you deserve a break. You deserve rest. And let me tell you something, you even deserve sleep. Deep, reparative, rejuvenating, joyous sleep.

Yes, you. That's right, you. Right here, right now, listening to me telling you that you deserve a break.

You know, there's many ways that we can go around it.

At the end of the day, I just want you to breathe with me. I'm going to breathe a couple of times and then I'm going to yawn and you're going to do that with me. Okay, let's do it.

One more time.

Just let your jaw tremble, and let that yawn come assist you to oxygenate your brain.

Yes. Correct. That feels good.

A yawn is a friend.

A yawn is an accomplice. A yawn comes simply to denote that your body is likely dehydrated and it likely needs some oxygen in order to chill out.

It is your body, your body, your body, who is your body coming to tell you gently, I think I need to wind down.

Sometimes you can bring this truth to your body by yawning yourself. So if you feel like sleep is avoiding you, just breathe a couple of times. Let your jaw tremble. And then yawn and little by little, surely and slowly, you'll hear the heavy lids of sleep come down on your eyes and take you slowly into the wilderness.