

For All I Care Episode 1: The Mediated Body

[00:00:00] Nwando Ebizie: I want to talk to you about body scrub.

It's interesting to me that when I talk about how important care is, one image that might come to mind is my generation's insistence on self-care. Buying our expensive candles and treating ourselves, like care is something sold to us, something we can buy in a bottle. But I think this makes it so much easier to ignore how vital care is. To forget that some people have to take care into their own hands because the world doesn't show them the care that they need, and that the act of lighting a candle might be a hard fought for, hard won action.

Real care is a radical act, a form of strength and defiance. A way of creating community.

And let's face it. If there was ever a year where the world woke up to the necessity of care, it's 2020.

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.

My name is Nwando Ebizie and I'm a multidisciplinary artist. I make artworks. I'm always thinking about care, um, from the outset, when I'm making things, I'm concerned about what I can give to people, what they can take away, how can I create work that people can enter into and leave a little bit changed? And I hope that we'll be able to do a bit of that here too.

Over the next five episodes, we're going to propose a world that doesn't expect us to just get well again and go back to normal, whatever normal really means, we're going to use the tools of performance to touch each other from afar, imagine the caring ecosystems of the future and consider how remembering the past can take care of the future.

This first episode is about our most intimate relationship with our bodies, our flesh, our brains. What could it mean if we cared for our bodies as a necessity? How could we understand illness as a form of connection that we all experience? And how can we make caring for our physical selves extend far beyond the boundaries of our own skin?

Come and sit with me for a bit. I'd like you to hear a poem by Johanna Hedva. It's called "Rapture".

[00:02:56] Johanna Hedva (Reading): There is an epigraph by D T Suzuki. "The mystery is solved by living it". Rapture: number one. There is a difference between the pain of an organ eating itself and the pain of a thought, crunching through another thought. The mind boiling is still only a mind.

Two. I, we, we work, the fools who know we are fools. That is the light from the light. At the inexhaustible excising of pleasures. That is the light from the light. We have to, it is... it's because...

Three. Like they are tumours, ghosts, unearthed and skinned. The thin ones, oily ones, useless, little lusts, half formed sightless eyeballs without any lids, tiny fists of three fingers and the nub of a thumb folded old around wounds wound and a strand of black hair. I don't know. I don't know. No, not a thing, not a thing. About how we believe the world's engine is beauty. But I know we have to.

Four. These kinds of poetries, these kinds of loves, all kinds of crookedness that float like grease to the top. Language itself is not to be blamed for it. Don't trust them. Don't waste hope. Get them out. Slice them off.

[00:05:48] Nwando Ebizie: That was so beautiful. Their work's so visceral. I feel my body. I feel all these ideas around my body as I'm listening to it. There's so many beautiful images. I think the one that I felt almost like an ASMR happening to me was "the pain of a thought crunching through another thought". That just really rang out to me and I just repeated it in my head a few times.

That's a piece called "Rapture" and it's in Johanna Hedva's new book, 'Minerva the Miscarriage of the Brain'. Here, Johanna examines the body in vivid detail and explores loss, motherhood, mysticism, and miscarriage itself. They expose the politics of illness and a world rife with ableism.

[00:06:54] Johanna Hedva: It's funny to me that suddenly in 2020, we're all behaving as if illness is this completely foreign, brand new experience that humanity is not equipped to deal with. When I say funny, I'm kind of being facetious, but it's funny because, to me, illness is one of just the basic facts of life. It's right up there with the fact that you will desire, that you will die, that you will decay, that you will have ambition. And so I find it very perplexing that as a society we have, you know, kind of agreed that we shouldn't enfold illness into our just sort of regular understanding of life. We instead kind of push it out into this, this exile, this banishment where we're like, "Oh, well, that's just some random, rare thing that befalls bad people." And I just think all of that is bullshit. Everyone gets sick. This is just a part of being alive.

I'm a writer primarily and a musician and an artist. No matter what medium I'm working in, um, I see it as a kind of writing. I guess the reason I think that is because I work with this definition that writing is language embodied. And I think that there are different kinds of languages and many different kinds of bodies.

My new book is called 'Minerva the Miscarriage of the Brain'. It collects a decade of my work. The narrative sort of thread through the book has to do with my experience at the beginning of the decade of, um, being diagnosed with endometriosis and then also kind of surprisingly getting pregnant and then miscarrying because of that endometriosis.

And this coincides with my coming to, kind of, understand myself as a genderqueer person and not a cis woman. So it's really something to, like, have a diseased uterus that is eating you alive and not identify as a woman. Um, so that sort of like conundrum is throughout the book. Um,

and then the decade ended with my mother dying, and so I think motherhood as kind of an originary place of monstrosity for me is one of the other themes.

[00:09:33] Johanna Hedva (Reading): 'Minerva the Miscarriage of the Brain'.

Whose brain? Ah, the father's, of course, it's drips and rulings. A man's miscarriage, not of another, just goo. From the Godhead. On my deathbed with everything gone, gods, ghosts, guilts, just get, get, get me down in my good gangrenous garden grave. God dammit. I know I'll still have one possession. The soupy sour film of my father's stink.

When his head spurted me out, complete and totalled, into orphaned wilds, it took the smallest space of time. An instant for him. A relief. God's will. A curse on the daughter longer than the space between the last death rattled inhale and its release. Washed of the meconium by my 23-year-old father's hands. A young Zeus, sterilized in hospital latex.

Everywhere the colour, the scent, of green. The doctor had to check something, of course, vital to my life, that my legs could be parted and spread open, that my pelvis would do its work. "He spread your knees and pushed them out like butterfly wings, all the way down to the table" is how my father tells and tells the story.

On my deathbed, give me enough morphine so I can forget what's gotten caught, what keeps cauterizing my first moments in the centre of a ring of men, easing like sloshing cream, my pelvis to wing open, to acquiesce. I am a clam shell. I am a cave with no end. My mother, behind us with her belly sliced open and an underpaid nurse doing the sewing up.

[00:12:10] Johanna Hedva: I was thinking about my own father. He often told me the story of my birth. He was very young when I was born. He had just turned 23. And my father is a first-generation Korean American immigrant. And the photo I remember, um, that I was looking at a lot when I wrote that poem was of him in the hospital, holding me as a new-born. Um, and he was in these green scrubs and his face, and, you know, he just is so young and innocent and happy. So I was thinking of him kind of as a young Zeus. And thinking about all of the class and race dynamics, you know, that he was coming into and bringing me into the world.

Um, I remember when I was a teenager, I got, sort of, my first bout of really serious depression and I was talking to him about it and just saying like, "but the world is just so hard to be in, like, it's just so difficult to just survive and to cope", and I remember my dad's response to that was just, "Yeah, I'm sorry for bringing you into this world." [laughs] That was his way of making me feel better. It did at the time, but yeah, so this, so this poem is, is for that kind of way about him, I think.

[00:13:38] Nwando Ebizie: Listening to Johanna talk about illness is just like, it's like looking in a listening mirror for me. It's, it's so close to the way I think about it and the, the issues around it are so close to the way I think about it. I think of health and illness as just part of a 3D spectrum of life. This is part of the complexity of being human.

And the messed up thing is there's just so many binaries and boundaries to the way illness is talked about. Are you ill or not? Like it has to be one or the other. The reality is just far more subtle. It feels like this society can only accept the simplest version of us. So, um, cheering people on in feats of superhuman fun run activity, rather than witnessing and accepting, the banality and the daily grind of living with illness.

Sometimes we might need the image of the heroic body, but it can't be the only acceptable archetype of disability and illness.

The next artist we're going to meet has some really amazing things to say about this. We need to think, not just of the one solo body as this one solo thing to be taken care of, but of the community that needs to be taken care of.

[00:15:22] Theodore Kerr: My name is Theodore Kerr. I am a white cis HIV negative gay man. I was born in Canada. I live in Brooklyn where I get to do writing, organizing, and art-making mainly focused on HIV and community.

[00:15:40] Nwando Ebizie: Ted Kerr is an artist and community organizer. Whose positive collective called 'What Would an HIV Doula Do?' If you don't know what a doula does, it's someone who's trained to support another person through a significant time of transition, usually something to do with their health. We've got birth doulas, death doulas, doulas to help with illness. And we invited Ted to talk to:

[00:16:07] Bárbara Rodríguez Muñoz: Bárbara Rodríguez Muñoz, and I'm a curator based in London.

[00:16:09] Nwando Ebizie: Last year, Bárbara co-curated a landmark exhibition for Wellcome Collection called 'Misbehaving Bodies', with George Vasey. The exhibition explored representations of illness through the work of artists Oreet Ashery and Jo Spence. And I love the way Ted and Bárbara put care at the centre of their work and how Ted thinks of his own body as completely linked to caring for other people.

[00:16:37] Theodore Kerr: So I am a Canadian. I'm currently on a short-term visa living in the United States. And the number one question I get since the pandemic is, "Why do you stay?" or "When are you going back to Canada?" and I didn't know how to answer this for a long time. And now my answer is, I am not just my body. I am my body and my friends. I am my body and my networks. I'm my body and my memories. And the reason I don't go is because even though I could be, quote unquote, safer in Canada, my body could be safer, I don't know if I would be happier or if I would be safer. Meaning what about my friends? What about my community?

So that's how I entered this conversation, thinking about my body as both something I have to take care of, it's, it was a gift given to me by a higher power, and it's something that I can use to steward, to be of service to others. And I think about that a lot in terms of HIV, but also in terms of COVID.

[00:17:35] Bárbara Rodríguez Muñoz: I feel that culturally we separate, kind of, the healthy from the sick, and that's not the reality. Like illness is a constant in our lives, like, like being cared for. Uh, we will all be cared for at some point, uh, but also how we are urged to kind of heal, kind of, quietly and silently. And the reality of living with illness or with trauma is far more complicated.

Um, I feel that you reclaim the term self-care and place it where it should be, care and self-care. I feel that this is a term that has been abused and how we are all, kind of, like, bombarded to consume all these products in order to heal or in order to look in a particular way. Um, and it's kind of being, kind of, divorced from the original use. Like self-care as a form of resistance, as a way of creating community.

In this respect, I feel that one of the most prominent aspects of your work is the collective, 'What Would an HIV Doula Do?' uh, which is a community of people who joined together in response to the ongoing AIDS crisis. And I'm really fascinated about your work and how you arrived at this idea of the doula as somebody that holds a space in a time, in a time of transition. And I feel we are now all in a time of transition, so it'd be great to kind of try to understand what, what the collective means with this.

[00:18:59] Theodore Kerr: The collective came out of a work that I was doing at seminary, especially around interest in words or rules that have existed, um, you know, even before the Bible, um, existed and doula is one of those figures and one of those words. So historically a doula is somebody who, who helps support people during the birth process. Uh, but in the last, you know, let's say 20 to 30 years, uh, we've met doulas who help with the end of life and doulas who help with abortion and doulas who help with gender transition.

And so I was just wondering, what about a doula for HIV? So I, I, I posed that question to a group of people, including people who are in long-term recovery, uh, people who were death doulas, uh, people who were midwives, people who are artists, and the question just kind of hit, and we started to meet weekly, and what we realised, or what I've come to realise is that HIV has long been a collective experience, before there was testing, before there was medication, HIV was better understood as something that, um, that impacted a community, not just an individual. Um, looking back, I like to say something like, "the community viral load", um, but with the advent of medication and the, the transition from the 20th century to the 21st century, HIV got deeply privatised and it became just something that somebody talked about with their care provider.

And something that the collective tries to do is make HIV public again. Um, make sure that people living with HIV know that they have community and support, and that stigma can be fought with other people and that discrimination can be fought with other people and that criminalisation can also be pushed back against.

And there's many ways we could do that, but we, as people who are writers and artists, as you said, we do that through the culture. We try to doula ourselves to make sure that we're transitioning out of transphobia, we're transitioning out of racism, we're transitioning out of

misogyny, but we also do that for cultures and organizations. So what does it mean when, um, a museum hosts an AIDS exhibition that is whitewashed? How do we push back? And we do that through community building.

And so, I think that right now in the face of COVID, we're using all those skills and thinking about, how do we hold space for ourselves and each other as the world is transitioning, as we all experience this pandemic?

[00:21:28] Bárbara Rodríguez Muñoz: There has been a lot of perhaps insensitive uninformed comparisons between HIV and COVID-19 and I know that with the collective What Would an HIV Doula Do? You have now, like a branch of the collective that is thinking what a COVID doula would do now. You've been creating these 27 questions that could provide some valuable context for, for writers or journalists that are inclined to make this comparison and, I don't know, I really liked this, kind of, caring kind of gentle approach.

[00:22:04] Theodore Kerr: I would say that I think that these comparisons are often coming from a very good and profound and wonderful and loving place and often I'm in favour of them because they are attempting to, and in fact sometimes are centring the work of people living with HIV or activists, living with HIV and trying to draw on the lessons from the past. The times that I don't like it, or other members of the collective don't like it, is when we're not seeing that both viruses have their own realities and their own stigmas.

Um, being diagnosed with COVID is, um, is hard. It's about health. It's about the body. It's about access to care. It's about the ability to care for oneself. Same with HIV, but the stigmas are completely different, and the relationship that the culture has, completely different. So we made that document, in fact, yes, to hold the hand of people who wanted to do this, but also, part of care is acknowledging when you and your community are feeling frustrated and then working together to work through that frustration that doesn't foreclose new possibilities. We could have just released a tweet that said "Stop comparing AIDS and COVID" or "Become more nuanced in your work" but instead we gathered over three or four different zoom calls, talked about it, collected our things, edited each other, and actually decided to make conversation rather than make condemnation.

[00:23:31] Nwando Ebizie: I think that's so important, this idea that a doula can turn something individual into something communal. What happens to one person's body or mind becomes something everyone shares responsibility for. The word body in itself can be both singular and multiple, right? A body of work, a body of knowledge, the student body.

I know that I found communities in real life, but also in virtual spaces in the last few years where people who organise their realities around certain illnesses or, or neurodiversities come together and really support each other, give information that sometimes you're not able to find from your doctor. Maybe your doctor doesn't even know about the condition yet, because it's a rare condition.

And you can communicate in the same way. I think that's definitely a thing for neurodivergent people, is that they find that neuro-typical people assume that neurodivergent people can't understand them, whereas what's happening is that there's just two different ways of communicating. So when you find these people who you can communicate with it can just feel like, "Oh, finally, I've, I've found my people". It's a real thing. It's invaluable.

For the next few minutes I invite you to just be a body. Just a body. Just body.

[00:25:22] Helen Collard: We start life on an inhale, end on an exhale. Breath is the presence of time in our body.

My name is Helen Collard. I'm an artist. And over the last five years, a lot of my work has been underpinned by my interest in the breath as a connector to the mind and the yogic concept of Prana. This is a Sanskrit word, and it means both breath, air and life.

So in our day to day our minds are consumed by the senses. We are continually processing and analysing what we see and what we hear and what we think. And especially now in the pandemic. In yoga the conscious focusing on breath is used to extricate ourselves from that realm of the senses-processing mind and the breath or prana in yoga works as a bridge that enables us to direct our awareness differently to the inward mind.

By focusing on the breath, we can enter interior space. We can see and listen differently. And these practices not only take us inward into our own interiority, our breath also takes us outward into exteriority and our interconnectedness with others.

With this idea of prana in our minds, let's start the first, very short exercise.

So I am here just as a loose guide. So most importantly, go with what you know works with your own body and adapt this practice as much as you like to fit that. So anything that I say that feels uncomfortable to you, leave out.

So let's begin. First, find a place to sit, or you can lay down on your back on a bed or sofa. And for those of you sitting in a chair, take the feet hip width and ground the feet flat on the floor, or you can sit on a cushion on the floor with your legs crossed.

And then in your sitting position, interlace your fingers and rest your hands in your lap and let the tip of the thumbs touch. If you are lying down, relax the arms down by your sides. Sometimes it's nice to have the palms facing up.

Now, close your eyes and roll the shoulders up to the ears and then take the shoulders back and then down and let the shoulder blades rest down the back.

Then from the sit bones, lengthen the spine up to the very top, the crown of the head.

And now, through the nose, take a relaxed inhale, and then exhale, gently.

Bring your attention to the sensations of the chest, rising and then falling with each inhale and exhale.

Let the breath run at its own pace and try and follow it.

Observe its movement. Trace the breath's journey from the breath entering the body, through the nose, feeling the chest rise and the breath leaving the body and the chest falling.

It's a trick of being both an observer and the observed.

Now bring your attention to the side ribs. Notice if the breath affects their movement in any way.

Keep the breath relaxed and notice the changes it brings. Movements within the body.

Bring your attention back to the chest, front of the chest and feel the breath's movement come and go.

Observing its rise and fall.

With the eyes still closed, keep the eyes focused in one place. A fixed gaze. Keep the eyes soft and then very slowly, slowly as you can, open the eyes.

[00:32:01] Helen Collard: The idea of breath just being a physiological process, is something more with the word prana because it's got these come from mental and spiritual ethical, um, dimensions to the idea of air and breath. So in my work, I explore those dimensions and also the notion of a comment of air that it is something that sustains all of us and is shared by all of us.

And what I really love about that idea of breath, it, it breaks these conceptual boundaries of what we consider the self and the body, because our horizon of our embodiment is no longer just behind the membrane of skin, because we're constantly inhaling and exhaling between us. And so where does the self begin and end. When we're taking an inhale in, and then an exhale goes out, we are continually in exchange and in the commentaries, in the Vedic texts, this idea of prana, um, interlinked us between the micro and the macrocosms.

So prana in the Vedas is an agent that animates the body and links us to the entire cosmos. And in the ancient Indian tantra and the yoga text, The Upanishads, they position the meditation on breath as one of the vehicles for reaching or returning to a state without movement and differentiation.

Those ancient texts I think, there's this perception of the embodied individual, not viewed as an independent entity, but rather as a relational and interlinked dynamic system or process connected to a cosmos through breath.

And so within this podcast, um, the idea of the meditation correspondence is that through those two very simple exercises, um, it's to maintain and remember this intimacy of our

interconnectedness and our interdependence, and to create a moment to listen, um, both inwardly and outwardly.

[00:34:34] Nwando Ebizie: Are you still there? Are you still breathing?

[00:34:43] Johanna Hedva (Reading): On lying still for the hours of an afternoon.

Eventually one witnesses an event that was once considered an alchemical miracle. The light from the sun changes from white to gold. Imagine that each day when we aren't home the sofa and its cushions are bathed in this, this, this, this, this, this magic.

When a person puts her face in this divine arc, she's only irritated. She squints. That's because we are the most fragile of all creatures. Even a sofa can stare directly into the sun. Even the sofa can outlast us.

Imagine an immense ball of fire in an infinite icy vacuum has a storm rage on its face for 14,000 years. Has towers of flame. Taller than whatever. Spitting Godhead, nuclear, hydrogen light into nothingness. Into the abyss that keeps expanding and adheres nothing back. It says nothing back.

[00:36:45] Nwando Ebizie: The idea of this sofa without you, that really struck a chord with me. Like just before lockdown, I moved into a new flat and I got this beautiful sofa that really symbolised something to me. It was the first big thing I'd bought and I was in lockdown on my own. So I had this sofa hugging me. And I know, that's not the point of the poem, but that image was just so strong. It just came back to my mind and really struck a chord.

These man-made things we make, they're more robust than us somehow. They can outlast us. There's the beauty and strength in the tragicness of the body, of being alive.

That was where my mind went when I listened to Johanna's words, but this is how they wrote it.

[00:37:39] Johanna Hedva: So the poem 'On lying still for the hours of an afternoon' is something that I wrote actually, when I was in a, what's called a dissociated episode. When you're dissociated, or when you're in a depersonalised episode, you're still a person or you're still a subject or you're still, you know, capable or have the capacity for agency, which is not what is understood in terms of dissociation by the, kind of, medical establishment.

[00:38:10] Nwando Ebizie: One of Johanna Hedva's influential essays is 'Sick Woman Theory.' It's written from the perspective of living with their own chronic illness. It maintains that the body and the mind is sensitive and reactive to regimes of oppression and that it's the world itself that's keeping and making us sick.

[00:38:32] Johanna Hedva: The sick woman as a figure is one that society constructs, um, kind of, around anyone whose identity is defined by care, either that they need it, but who doesn't need it, right? I guess that's like one of the rhetorical questions in 'Sick Woman Theory', but also just being defined by care in any way. And when I say "sick" and "woman" here, I'm talking

about the sort of twinned, like the twins of patriarchy and ableism and how they're very reliant upon each other.

Um, to me, ableism is really at the heart of a lot of these oppressions because. It's, you know, an ideology that invents a hierarchy of superiority, measures people's social value and political value based upon this hierarchy. So I think that's what I'm trying to talk about in some of my work, at least.

At this point in the year, I've been sort of asked in many different, you know, invitations to speak or write about why care is good. Or like why care is necessary? And I'm kind of like, I don't know what to tell you if you don't already think that that is the case, you know, like what do I, what, what would need to happen to convince you that the way we've currently built society is radically uncaring to most people who live on the planet and it's also, you know, dangerous for the planet itself, the way we've, you know, configured ourselves. So, I don't really know, like what is still further required to persuade one that care might be something we ought to think about.

[00:40:33] Nwando Ebizie: What if we made caring a kind of shared contract between all of us. For Ted and Bárbara part of that care involves thinking about how the art they show and the way they show it represents the story of an illness to the world. Does it show only a partial picture?

Bárbara asked Ted to dive into the Wellcome's collection of HIV material and pick out an image that really matters to him.

[00:41:04] Theodore Kerr: So I'm looking at this image called HIV maturation, HIV viral lifecycle, uh, by the artist David S Goodsell and it's this kind of beautiful, autumnal, huge, uh, image where you actually see, um, HIV, two virus particles being visible and they're in the process of actually maturing. So you actually get to see an idea of what HIV looks like in the process of the body. And I find that very inspiring because often we forget that HIV is a physical thing that is in some people's bodies and not in others.

For me, I must admit, I am very challenged by how AIDS posters are becoming the dominant artefact of early HIV AIDS work because I find them to be quite, um, problematic as standalone objects. You know, the Wellcome has so many amazing things, but when you look at HIV AIDS, it's just pages upon pages of AIDS posters, most of them made by a state, and that sends a really weird message to the people in the future. It suggests that the state was doing so much when in fact a poster is almost the least active thing that a state can do.

Also, I don't want to forget that in the collection, there's also these amazing AIDS activist posters, but what happens is there's a flattening, the state posters and the activist posters get read as the same and they're not the same. The activist posters were made in moments of urgency using the DIY tools that they had. There was such a greater risk to make those posters. And so much more percentage of resources were made to create that. And often in exhibitions that gets flattened. And I think it's really hard for the everyday viewer to, to unpack all of this. So that's why I chose the very micro, um, image because I'm so much more interested in reminding

people that first and foremost, HIV is a physical thing. It's a virus that lives in some people's bodies and not in others and that there's material, systemic reasons for that imbalance.

[00:43:08] Bárbara Rodríguez Muñoz: So you're thinking about display and what gets, kind of, selected. You're thinking about an editorial process in a way. I think the next step thinking about caring and caring for collections is collecting practices. So what can an institution collect to fill those gaps? So some of the work that, uh, I've been doing, um, I guess during lockdown and, and during this month with some of my colleagues have been precisely to capture how the pandemic has disproportionately impacted, uh, racially minoritised individuals and disabled individuals in the context of London. And what has been the impact more specifically of the public health campaign? "Stay at home, protect the NHS, and save lives".

So what happens in three, four, five generations when somebody like you and me go back to a collection like the Wellcome Collection, which is a medical, a health collection, and try to understand what happened during the pandemic in the UK, the official narrative is going to be very present and it's going to be embodied, as you say, by those public health, kind of, posters, you know, which become really memorable. We'll never forget. Uh, but how we create a counter narrative of, kind of, lived experiences of people and how it impacted, kind of, different communities.

So thinking about kind of invisibility and silence that we discussed, I wonder how our roles as artists and curators may evolve, may be relevant in the future and, kind of, following the coronavirus pandemic as well?

[00:44:42] Theodore Kerr: I think one way forward is to find the doula inside of you and the doula within your work. One of the reasons we created the collective was because so often the history of AIDS is told through the story of policy or through medical breakthroughs or for activism. But we think that doula is a way to tell the story of HIV through everyday care.

And so now that we're facing COVID-19 together, it's interesting to think, Bárbara, what is your role as a curator to hold space for this transition within your institution? Or if an artist is listening, what is an artist's role in this moment to hold space? And maybe that's not to pick up, um, the tools of their trade, maybe it's to pivot, right?

So one provocative question that you and I have been discussing is, um, what if museums and theatres aren't a place for, um, you know, uh, zoom-broadcasted plays, or for artwork that you get to see with masks? What if they become distribution centres or hospitals or places where people who can't shelter in place can shelter at least for a few hours? How do we actually help, um, our institutions transition to this historic moment?

I guess I also want to say that as somebody who has a complex relationship with the arts, I am also interested in the ways that every day people can be, and are explicitly, doulas in their own life. I think about all the people on the subways here in New York that figure out loving and caring ways to hold space as they ask somebody to wear a mask. That's a very scary thing to ask a stranger to wear a mask, but I think using that doula mentality, they find the way.

I also think that, uh, an everyday doula is somebody who calls their friends every once in a while to check in on them. That might seem like a very passive thing, but we can never know the impact that that has on mental health. And then I would also say that everyday doulaship is thinking about, um, how one's own body and one's own survival is connected to other people. And so I think that these are things that maybe artists and curators do, hopefully, but I know that that's something that, you know, um, the people that I see in my neighbourhood, in Brooklyn, the people that I see in the grocery store are definitely doing.

[00:47:04] Bárbara Rodríguez Muñoz: I think you're talking about how interdependency and care, like come together and they are not a moral imposition, or they shouldn't be, but it's a condition of living. It's a condition of living to maintain all forms of life, kind of, human and non-human and...

[00:47:21] Theodore Kerr: Exactly, they're not separate. It's not a practice. It's a way of life maybe, if I can make that clunky distinction.

[00:47:30] Nwando Ebizie: I love that idea. Being your own doula and doula as a way of life. A way of life connected to you and your community. What is it that your community needs? How can your community all doula?

Where are we now in this episode? I make it about 45 minutes in. Remember this point in the podcast, because you might want to share it later. Just keep listening.

[00:48:10] Helen Collard: Welcome to the correspondence breath meditation. You can correspond with yourself, but you may also like to use this meditation as a means of correspondence with a friend. To make this a correspondence and arrange for a friend to listen to this meditation segment with you on the same day and exactly the same time. Immediately after the meditation segment, make sure you have something close and ready to record your thoughts.

Record the first thing you think about. It might be rambling memories, flashes of a feeling, images or stories that come to mind. Incoherent fragments of thoughts are fine. Just try and do as little filtering and assessment of your recording as possible. And then send this audio to your friend and listen to your friend's recording and she yours.

So, we should begin. Again, sitting or lying comfortably in your chosen position. If you're in a chair, take the feet hip width, and ground both feet flat on the floor. Or, you can sit on the floor, cross legged. Make yourself comfortable. Interlace the fingers. Rest the hands on the lap, palms facing up and let the tip of the thumbs touch. Or, if you're lying on your back, keep the arms relaxed along the side of the body and palms facing up.

Now close your eyes.

Relax the shoulders down and let the neck be long. Let the elbows be heavy.

Now, through the nose, take a relaxed inhale and then exhale gently. Bring your attention to the sensations of the chest, rising and falling with the breath.

Let the breath relax. Let it run at its own pace. And let the mind follow the breath. You are following this movement, following as the inhale enters the body, and feeling the chest rise. And the exhale, leaving the body and the chest falling.

Feel the breath's movement within the chest, come and go. Inhale through the nostrils. Notice if you can detect the breath's movement right at the tip of the nostrils.

Try and trace or ride the breath's movement.

Now, a visualisation. In your own time, take a relaxed inhale and think of the breath on the inhale moving into the top of the lungs, near the armpits, and then let all of the exhale go, releasing all of the breath out. Bring your attention back to the breath. Its movement within you.

And then with the eyelids closed, keep the eyes' gaze fixed in one place.

And then very slowly, slowly as you can, open the eyes.

Now, please record your thoughts, whatever they might be and send to your friend or to yourself in correspondence.

[00:52:51] Nwando Ebizie: I've made a space, cleared a space for myself, moved things around, made things work. My life at the moment in the limbo time is clearing away and sorting and preparing. Ushering in new life, allowing the body to expel more of what's not needed. I thought about the simplicity of sitting still for a while and the immediate, very visceral benefits.

Thank you for joining me for the first episode of 'For All I Care'. I hope we came in close and whispered in your ear and created a feeling of comfort in a world that can feel uncaring.

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If you'd like to explore more of the ideas you've heard in this podcast, please go to baltic.art, where you can also find a transcription of this episode. For more information on the collections discussed, please visit wellcomecollection.org. 'For All I Care' is a collaboration between BALTIC Centre for Contemporary Art and Wellcome Collection.

And the podcast is a Reduced Listening production. The producer is Katherine Godfrey and the executive producer is Alannah Chance. Our music was composed by Nkisi and the series is sound designed by Axel Kacoutié. And I'm Nwando Ebizie.

Next time we are reaching out.

[00:55:08] Vera Tussing: Now reach for your object. Take it in both hands. Does one hand, explore more than the other?

[00:55:16] Nwando Ebizie: An intimate thoughtful touch. Join me. 'For All I Care' arrives Wednesday, 16th of December.