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Thanatoarchitecture: Rehearsing Mortality

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SZKOŁA DOKTORSKA

Sztuki plastyczne i konserwacja dzieł sztuki

Monika Karczmarczyk

Tanatoarchitektura: Ćwiczenia w Śmiertelności

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Abstrakt (EN)

Thanatoarchitecture: Rehearsing Mortality is an artistic research project investigating the impact of architectural spaces, and their material and spatial organisation, on the embodied experience of illness and the process of dying. Driven by a personal encounter with existential anxiety surrounding death and dying, the project explores how shifts in perception and embodied experience of space occur during periods of dysfunction.

Drawing on disciplines including phenomenology, medicine, medical humanities, architectural theory, proxemics, anthropology and thanatology, the study combines theoretical exploration with practical projects to examine how architecture shapes our relationship with mortality. The thesis interweaves three interconnected layers — personal experiences, autoethnographic reflections and academic research — to create a complex, multi-layered narrative.

The practical component comprises several key elements: a three-channel sculptural video installation entitled *Still Point*; a two-channel video work called *Choreography of Care*; an object-furniture piece inviting the viewer to rest and observe; a copper belt engraved with a song translation; and a spatial silk-screen installation. These components form the basis of an exhibition that emphasises the viewer's embodied experience of the exhibition space as being central to their understanding of the artwork.

Through this interdisciplinary approach, the research aims to expand our knowledge and broaden anthropological reflections on the role of architecture in shaping our perceptions and experiences of illness, dying and mortality.

Abstrakt (PL)

Tanatoarchitektura: Ćwiczenia w śmiertelności to artystyczny projekt badawczy analizujący wpływ przestrzeni architektonicznych oraz ich materialnej i przestrzennej organizacji na ucieleśnione doświadczenie choroby i procesu umierania.

Kierując się osobistym doświadczeniem egzystencjalnego niepokoju związanym ze śmiercią i umieraniem, projekt bada, w jaki sposób zmiany w postrzeganiu i cielesnym doświadczaniu przestrzeni zachodzą w okresach dysfunkcji.

Opierając się na dyscyplinach takich jak fenomenologia, medycyna, humanistyka medyczna, teoria architektury, proksemika, antropologia i tanatologia, badanie łączy teoretyczne poszukiwania z praktycznymi projektami, aby przyjrzeć się temu, jak architektura kształtuje naszą relację ze śmiertelnością.

Komponent praktyczny składa się z kilku kluczowych elementów: trzykanałowej rzeźbiarskiej instalacji wideo *Still Point*; dwukanałowego wideo zatytułowanego *Choreography of Care*; obiektu-mebla o nazwie *So Relax, Ghostly, Dreamlike Bodies and Dream*; miedzianej opaski z wytłoczonym tekstem w języku angielskim utworu wykorzystanego w video *Choreography of Care* oraz przestrzennej instalacji sitodrukowej.

Elementy te stanowią fundament wystawy, która kładzie nacisk na ucieleśnione doświadczenie widza w przestrzeni wystawienniczej jako kluczowe dla zrozumienia dzieła sztuki. Dzięki temu interdyscyplinarnemu podejściu projekt ma na celu poszerzenie naszej wiedzy oraz rozwinięcie antropologicznej refleksji nad wpływem architektury w kształtowaniu naszego postrzegania i doświadczania choroby, umierania i śmiertelności.

Introduction

In *Thanatoarchitecture: Rehearsing Mortality*, I explore through artistic practice the impact of architectural spaces and their material and spatial organisation on the embodied experience of illness and the process of dying. The driving force behind this research is a personal encounter with the existential anxiety surrounding death and dying, which forms the basis for a multi-layered exploration of how architecture shapes our relationship with mortality. It is a tender yet determined attempt to transform anxiety into a poetic visual language, serving as a catalyst for intimate reflection and broader cultural discourse.

My artistic practice, grounded in extensive research, employs various digital and performative techniques to investigate the interconnectedness of the body, objects, and architectural spaces. Drawn to institutional environments with strict regulations, such as hospitals, hospices, asylums, and prisons, I shape my work around personal memories and institutional archives. For me, these spaces serve as stages where non-normative behaviours are ritualised and localised, inhabited by marginalised individuals or those undergoing transformative transitions.

This artistic research project is situated within a variety of disciplines, such as medicine, the medical humanities, theory of architecture, proxemics, anthropology, and thanatology. In order to better understand its theoretical framework and context, it is important to briefly clarify how the concept of architecture is approached and understood here.

The project draws on phenomenological literature, particularly the work of Juhani Pallasmaa, a Finnish architect and theorist who contributed significantly to architectural theory by introducing phenomenological aspects of multisensory perception of the human body. According to ideas Pallasmaa presents in *The Eyes of the Skin* (1996), architecture can be understood as a bodily encounter, constantly redefined and reformulated with each new interaction, shaped by the interaction of human and non-human activities. In Pallasmaa's words: 'A building is encountered; it is approached, confronted, related to one's body, moved through, utilised as a condition for other things' (Pallasmaa, 1996, p. 68). Furthermore, he emphasises that 'It is this possibility of action that separates architecture from other forms of art. As a consequence of this implied action, a bodily reaction is an inseparable aspect of the experience of architecture' (Pallasmaa, *The Embodied Image*, 2011, p. 123).

Architecture, in this project, is thus not limited to its physical built form or its aesthetic qualities. Rather, it is conceived as a multisensory, embodied experience – an ever-evolving encounter between the body and space, constantly

reshaped and reformulated by the interplay of human and non-human activities. As Henri Bergson points out, 'we perceive the world not as a neutral observer, but as an embodied agent' (Bergson, 1988, p. 137). It is through the body that we experience architecture, illness, and our sense of being-in-the-world. But what if it is a sick embodied agent within sick architecture? Illness brings isolation, vulnerability, and a sense of alienation. As Drew Leder observes in *The Absent Body*, 'The body tends to disappear when it is functioning unproblematically; it often seizes our attention most strongly at times of dysfunction' (Leder, 1990, p. 4). Dodie Bellamy, in her book *When the Sick Rule the World*, writes: 'The sick practice calm abiding. They say to themselves, "I feel so nauseous in my stomach, this means I'm alive, I'm a living being, that I can feel this and all these sensations and worries", and they breathe it in and they feel good to be a living being' (Bellamy, 2015, p. 85). Drawing on the theories of Juhani Pallasmaa, Drew Leder, and Dodie Bellamy, among others, I explore the interplay of the absence and presence of the body in relation to illness, focusing on how the shift from absence to presence, and from transparency to opacity, alters our perception and embodied experience of space during periods of dysfunction. During those periods, the body, which is usually transparent, or absent, becomes very present (Leder,1990). This concept of absence/invisibility is also demonstrated on a practical level in my video installations. There is no architecture per se, but architecture is very much present through its absence. Similarly, the main protagonist – the sick body – is absent, yet it is tangibly present in all the works. The second part of the title, *Rehearsing Mortality,* refers to this concept, as I understand it, as a rehearsal for the ultimate 'no body' situation. Dealing with mortality in a nuanced way is a complex undertaking, so the idea of rehearsing, as implied in the title, seems appropriate. Through this project I am constructing my own narratives of illness and mortality through small gestures, rather than seeking a definitive resolution or answer. It is a form of approximation.

Mortality is always situated in a space. According to Pallasmaa, 'architecture is our primary instrument of orientation in the world', and he elaborates on this idea by quoting Bachelard's point: 'Bachelard argues that we are born in the context of architecture, and consequently our existential experience is always mediated and structured by architecture from the beginning of our individual lives' (Pallasmaa, 2011, p. 119). Pallasmaa also suggests that architecture 'articulates the encounter of the world and the human mind. It structures the "flesh of the world" through spatial and material images that articulate and give meaning to our basic human existential situations' (Pallasmaa, 2011, p. 120). He further attributes to architecture the ability to 'fuse the multiplicity of human experiences into a singular lived image, or a sequence of such images. The ultimate condensations of existential meaning are the images of one's own room and home. The

experience of “homeness” condenses our feelings of self, belonging, security, and meaning’ (Pallasmaa, 2011, p. 120). But what if, in our most vulnerable state, we are confronted with sterile, soulless hospital rooms?

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 has also changed. ‘Traditional death’ has 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. The term ‘thanato-architecture’, first introduced by Robert Idem in 2015, refers to various architectural objects and spaces associated with the concept of death. As Idem suggests, the relationship between thanatology and architecture operates on multiple levels, ‘starting with functional, legal, and spatial issues and ending with philosophical and ethical, aesthetic and semantic, or religious and spiritual matters’ (Idem, 2015). The results of scientific research in 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, and lighting co-create our attitude toward a specific space. The perception of space, sound, smell, and tactile sensations (temperature, humidity, air) determines how comfortable we feel and affects our spatial and bodily involvement.

My PhD thesis interweaves three interconnected layers: personal experiences, autoethnographic reflections, and academic research. These layers strengthen and complement each other, creating a complex, multi-layered narrative. The first layer comprises my personal experiences, including childhood hospitalisation and anxiety and panic attacks in adulthood. These intimate narratives provide the emotional and psychological foundation for my work, enabling an empathetic connection with the subject matter. The second layer incorporates autoethnographic reflections in the form of introspective and evocative narratives of my encounters with the research subject. Often taking the form of vivid descriptions and poetic musings, these reflections explore my emotional and sensory responses to archival photographs, architectural spaces, and my own and others’ embodied experiences. Through autoethnography, I position myself within the research process and acknowledge how my subjectivity shapes my understanding of the subject matter. The third layer draws on a variety of academic disciplines to provide a theoretical framework for my project. This layer explores key concepts and scholars relevant to the study of illness and mortality, and how architecture shapes these experiences. By carefully interweaving academic research with personal experience and autoethnographic reflection, I ground theoretical insights in lived experience and emotional resonance, creating a multi-dimensional exploration of the subject matter.

The present thesis is organised into three chapters. I allowed the research to unfold naturally, following the resonances and curiosities that emerged in the process of inquiry. The first chapter explores the symbolic significance of bandages in the context of death and mortality. Drawing on Jacques Derrida's concept of bandages as 'detached signifiers' and the contemporary perception of death, it examines how bandages give form to the invisible and intangible aspects of death. I also engage with Drew Leder's theory of the absent body, which argues that during illness or dysfunction, the body becomes conspicuous and demands attention as an alien presence. This aligns with my own experiences of anxiety, where the body's presence becomes unavoidable and disrupts the mind–body unity. The creative process behind my three-channel video installation *Still Point* is described, in which digitally generated bandages reveal the shape of an absent body, serving as a contemporary image of death.

The second chapter, *Choreography of Care/An Absence of the Main Actor*, explores the phenomenological approach to architecture. Starting with the door, I analyse the hospital as a space that shapes human experiences, where contrasting perceptions of time and existence coexist (Mackiewicz). I examine the importance of the bed in the lives of patients, highlighting how the hospice becomes a theatre stage for the main protagonist – the patient's death (Paklepa). Bitten Stetter's argument that hospital settings often lack design considerations for the final phase of life is supported by Pallasmaa's thought on architecture's power to catalogue reality and provide existential meaning, which sterile hospital spaces can disrupt, affecting feelings of belonging, security, and meaning (Pallasmaa, p. 120). The chapter delves into Pallasmaa's understanding of architecture as a bodily experience and an encounter between bodies, both human and non-human. The concept of atmospheres is introduced as subtle qualities that emerge from the complex interplay of material, spatial, and temporal elements within architecture, existing as dynamic, liminal, and relational entities that constantly float and circulate between human and non-human bodies. This notion emphasises the interplay of absence and presence that resonates throughout the thesis. The discussion then turns to Cameron Duff's work, which connects atmospheres with health and recovery, situating his research within healthcare geography. Duff argues that bodies in vulnerable states are more susceptible to affect, considering bodies, spaces, and objects as participants in the recovery process. According to Duff, rather than being a singular architectural entity, architecture is an assemblage of many elements that constitute health and illness. The spatial aspects of health and illness within the hospital environment introduce the notion of care, which, according to Michael Schillmeier, is always situated within the built environment. Rather than being easily articulated verbally, care is folded into embodied moments and gestures, and is attributed to

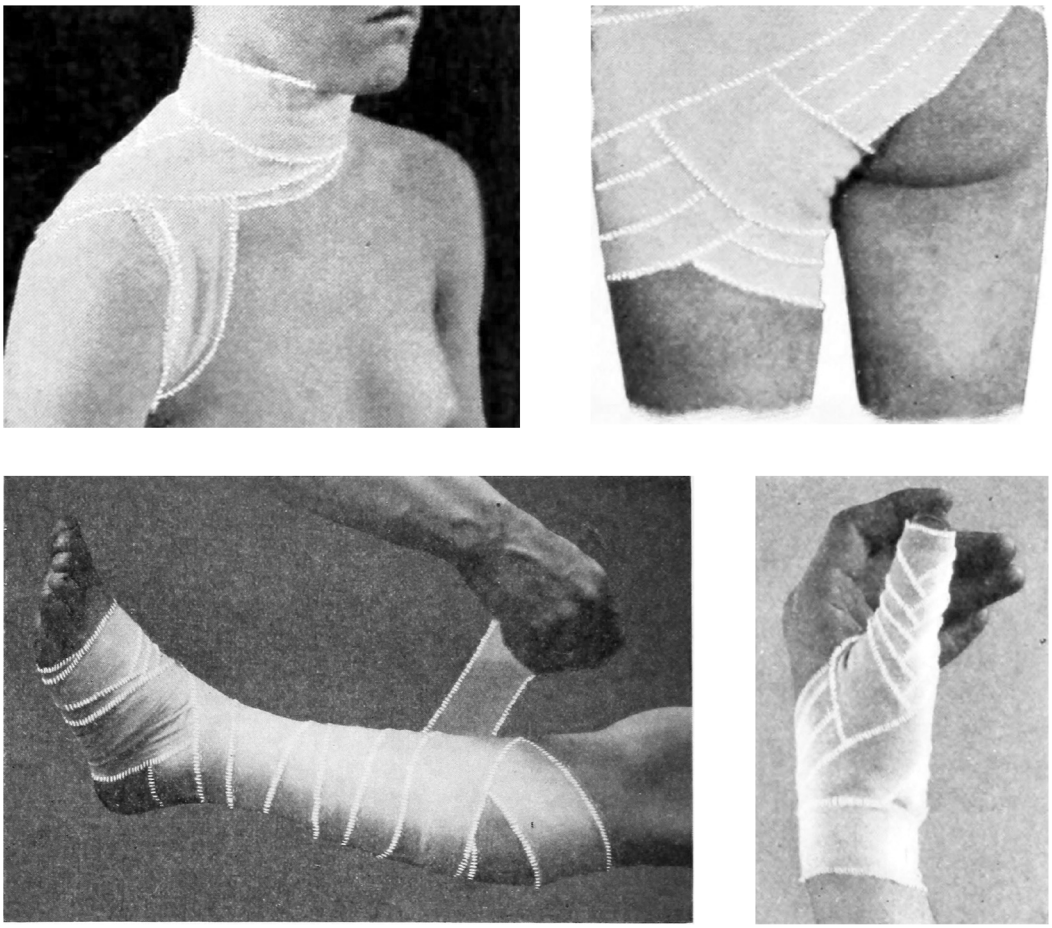
the atmospheric qualities of particular places. The historical context of nursing and its connection to architecture are also briefly mentioned. The creative process behind my two-channel video installation *Choreography of Care* is then described to demonstrate the research findings. The video focuses on how body movements can define spatial form. Drawing on the concepts of 'corporeal empathy' and 'attunement' from the research of Kirsi Heimonen and Sari Kuura, as well as on scientific studies of the 'mirror neuron' system, the chapter considers how viewers' own corporeality and embodiment might be affected when they encounter the movements in the *Choreograhy of Care* video work.

The final chapter of the thesis brings together the key concepts and themes that have been explored throughout the text. It introduces the exhibition concept and presents the final components of the practical part of the project. The final presentation, in the form of an exhibition, consists of a three-channel sculptural video installation entitled *Still Point*; a two-channel video work called *Choreography of Care*; an object-furniture piece inviting the viewer to rest and observe; a copper belt engraved with a song translation; and a spatial silk-screen installation. These elements are orchestrated to encourage active viewer engagement and bodily interaction with the artworks, emphasising the central role of embodiment in understanding and experiencing the exhibition space.

Chapter 1. Bandages as Signifiers of Death

Go, go, go, said the bird: human kind
Cannot bear very much reality.
At the still point of the turning world. Neither flesh nor fleshless; Neither from nor towards; at the still point, there the dance is, But neither arrest nor movement. And do not call it fixity,
Where past and future are gathered. Neither movement from nor towards, Neither ascent nor decline. Except for the point, the still point, There would be no dance, and there is only the dance.

T.S. Eliot*, Burnt Norton,* from *Four Quartets*



Minor surgery and bandaging by Henry R. Wharton, M.D., published in 1902

I look at the archive photos of bandages. The pure white of the fabric is striking, almost shiny. The edges are neatly formed, creating a delicate pattern of small, shimmering lines. When I look closely at those photos, I can almost feel the texture of the fabric on my skin. One photo shows a bandage wrapped around a woman's neck, the shiny bandages contrasting with the transparency

and delicacy of her bare skin. Another shows a hand covered in layers of gauze, captured in a moment of stillness. As I look at these static images, my mind begins to imagine the fluid movements that led to their creation. I imagine the careful, deliberate actions of the hands that wrapped these bandages, tenderly folding strips of material around the curves of the body. The bandages become an extension of that gentle touch. The longer I look at these photographs, the more I am drawn in by their seductive charm. The simplicity of the white bandages on the skin is captivating, almost hypnotic. It's as if the images themselves are silently calling out, demanding my attention and involvement. What is it about these images of bandaged bodies that fascinates me? Is it the visual appeal of the clean white lines, the beauty of the wrapped forms? Or is it the vulnerability of the body, the constant possibility of injury and decay?

1.1. A sign that needs interpretation

What does, strange to say, is the belt worn low by the sister (or daughter) – the 'solacing Mammy' – whose arms are crossed behind her back like a schoolgirl, and above all her strapped pumps (Mary Janes – why does this dated fashion touch me? I mean: to what date does it refer me?). This particular punctum arouses great sympathy in me, almost a kind of tenderness

Roland Barthes*, Camera Lucida*

The archive photographs of bandages had a lasting impact, their importance gradually revealing itself through a subconscious process. The physical elements of the photographs acted as signifiers, conveying meaning to me (Barthes, 1964/1977). The sensory response elicited by these images relates to Barthes' concept of the 'punctum' (Barthes, 1981). In *Camera Lucida*, Barthes defines the punctum as a specific, poignant detail within a photograph that affects the viewer deeply on a personal level (p. 26). The punctum is therefore a subjective and intimate experience, often connected to the viewer's individual history and triggering a strong emotional reaction unique to their life experiences (Barthes, 1981). It has the capacity to expand beyond the image, initiating a series of emotional responses, memories, and associations that bring to light hidden or unacknowledged aspects of one's personal experience.

Jacques Derrida, in his exploration of the symbolism of bandages in *The Death Penalty*, suggests that they 'signal, they signify' when they 'fall away, out of use, undone, untied'. In this state, they become 'detached signifiers', indicating that 'the dead one is resuscitated, insurrectioned, insurresuscitated' through

‘a miracle, a divine miracle or a poetic miracle’ (Derrida, 2014, p. 65).

Derrida recalls a scene from the Gospel of John in which the bandages that once wrapped the crucified body of Christ are found lying empty by the tomb. Mary Magdalene sees the pile of bandages arranged in the shape of a body, but no body itself. For Derrida, those empty bandages are a sign that Christ is ‘neither dead nor alive’. Bandages serve as a metaphor for transformation, in-betweenness; the Christ is dead, no longer dead but not yet resurrected (Derrida, 2014). They ‘flag an odd moment, a sort of limbo’; ‘they are the sign that needs an interpretation’; as Oliver argues ‘They interrupt time (...) an undead time, what Derrida calls a “singular time that does not belong to the ordinary unfolding of time” ‘ (Oliver, 2014, p.74).

Monika Karczmarczyk, *Untitled*, 2024, medium format photographs

1.2. Negative form

This concept of liminality and the in-between state that bandages represent is central to the contemporary perception of death. While the lifeless body can serve as an image of death, a negative imprint of the living, the actual ‘negative form’ – the moment of transition, the abstract concept of death itself – remains intangible. The perception and description of a dead body can only be understood as a ‘negative’ experience. This transition is like passing through a veil or penetrating the bandages that wrap the body. Death also uses a veil: a black veil that is a shroud or a bandage. This veil fills the negative space, giving shape to death while removing its visible signs from the eyes of the living. Society re-

moves death from its field of vision.

Thanatologists identify two models of how society experiences death. The first, 'traditional death', as described by Tony Walter, a leading authority in the field, involves families saying goodbye to their dying loved ones in the intimacy of their homes. In this model, the community tames death through customs and rituals, integrating it into daily life. This experience includes family members keeping watch over the deceased and engaging in physical contact through dressing, washing, and saying goodbye. The second model, which has largely replaced 'traditional death', is 'modern' or 'inverted' death. This model, prevalent in the 20th century, erases the process of dying from everyday life and pushes it beyond the realm of visibility. Death is appropriated by medicine. The 'inversion' means that death becomes a taboo, something that society wants to dispense with. The sensual experience of death is distanced, separated from the living by the presence of doctors, bureaucracy, and specialised architecture. The process of dying is transferred from private homes to hospital rooms, repressed from consciousness, and hidden from view. Funeral architecture further contributes to the suppression of emotion through sterile interiors, cheap materials, easy cleaning, and increased distance between the mourner and the body of the deceased.

Monika Karczmarczyk, *Still point*, 2024, three-channel AV installation, HD, still from the video, 00:01:40 (loop), technical cooperation : Sebastian Janisiewicz

1.3. Neither Flesh nor Fleshless – Creative Process

On a practical level, the research is reflected through *Still Point* (2025), a three-channel video installation which shows digitally rendered body parts – hand, arm, and leg – under white gauze bandages. Slowly the bandages come

off, but they reveal nothing – no body, as one would initially suspect. Those 3D models of the bandages become a tool for constructing a contemporary image of death, giving form to the invisible and culturally repressed.

The choreography of the moving roll is based on the detailed instructions for applying a bandage to a specific part of the body. A female voice is reading a text that paraphrases a quotation from Kelly Oliver, the aforementioned American philosopher writing on Jacques Derrida: 'And for better and worse, we are left holding signifiers, detached, asking what they mean and where the body is. The time of interpretation, in-between time, signalling something, but what?' (Oliver, 2014, p.74). The sound composition, created specifically for this animation, vibrates and emphasises the moments when a glitch appears in the video, giving the impression that the bandage is adjusting to the shape of the absent body. The composition is meditative, allowing the viewer to fully immerse themselves in the looping process of wrapping and unravelling. The bandage serves as a totem, setting the other elements of the project in motion. The wrapping takes place in the time required for the ritual of transition. It creates a veil behind which the deceased disappears from our view. The imitation created by the 3D model as a creative method becomes a contemporary image of death, because the old representations of the dead body are outside our experience, our present 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.

Monika Karczmarczyk, *Still point*, 2024, three-channel AV installation, HD, still from the video, 00:04:03 (loop), technical cooperation : Sebastian Janisiewicz

In *Still Point*– the title is borrowed from T.S. Eliot's *Burnt Norton*, quoted at the beginning of the chapter – bandages become the embodiment of liminality

and transformation. As in Eliot's poem, where opposites merge in a paradoxical dance of 'neither flesh nor fleshless' at 'the still point of the turning world', the bandages in the videos exist in an in-between state, neither fully tangible nor entirely ethereal. They invite contemplation, performing caring movements towards themselves as if engaged in a ritual of self-preservation and healing.
I couldn't understand my attachment to bandages until I learned the story behind them. Like machines or devices that set everything in motion, they serve as the starting point for this project. In a sense, they might also be the starting point of my own anxieties.

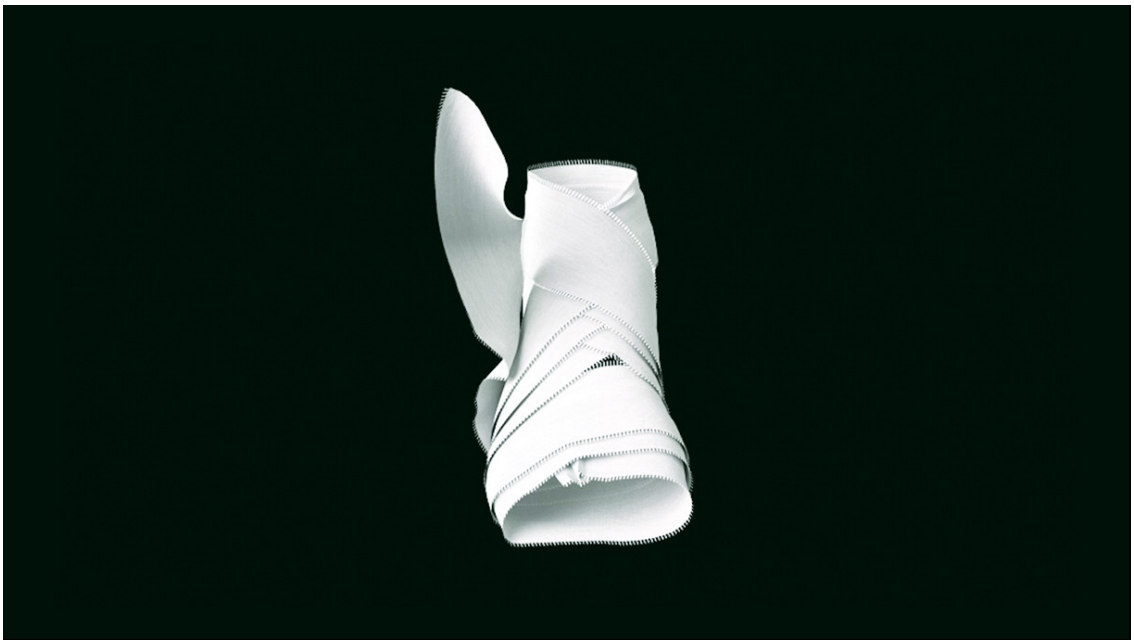
1.4. The Body's Longing for Absence

> *Laura, aged 2, is in hospital for 8 days to have a minor operation. She is too young to understand her mother's absence. Because her mother is not there and the nurses change frequently, she has to face the fears, frights, and hurts with no familiar person to cling to. She becomes quiet and settles. But at the end of her stay, she is withdrawn from her mother, shaken in her trust.*
>
> *A Two Year-Old Goes To Hospita*l, James Robertson, 1952

This excerpt is from the description of James Robertson's 1952 documentary, *A Two-Year-Old Goes to Hospital*, filmed at the Tavistock Clinic in London. I was Laura, but in an Eastern European reality –a Polish hospital for infectious diseases where I spent three weeks in 1992. I found myself there after I spilled boiling water on my leg, had convulsions, and began to run out of air. Most of the time I was in an isolation room, because my condition was unclear. The remaining time I shared the room with other children. My mother could only visit me in the afternoon and was not allowed to stay overnight. I saw my father only a few times throughout my stay in the hospital. While I was working on this dissertation, and after making animations with bandages, I began to ask questions that I hadn't asked before. One of my mother's few memories of that time is of me being tied to my hospital bed with bandages, so that I could lie still for the time it took for the antibiotics to run through a drip. Her memory of this is blurry and imprecise, but she described it as shocking and said she took immediate action when she saw it.

When I think about my own presence, I divide it into periods before and after the age of 28. It was at that age that my anxiety increased, resulting in anxiety neurosis, and my understanding of my own mortality shifted. I realised – or perhaps *I realised* is not so much the right term as *I felt* – in every cell of my being that we are all going to die. It may sound like a simple truth, but for me it felt like

stepping into a void, a whole new world with its own unique sensations, perceptions, and understanding. It was also at this time that I began to look more closely at death, to find some ways of dealing with it. This would explain my attachment to the concept of the absent body introduced by Leder. It would also explain why the research has taken this direction, although it could have gone in many other ways. It was interesting to observe how it unfolded naturally, with understanding coming afterwards. Illness brings the body to the forefront, as if it had previously been absent or inactive (Leder, 1990). Leder claims that: 'When functioning well this body is a transparency through which we engage the world'. He refers to the study by Pliigge and Kohn, who argue that 'well-being is in general synonymous with my noticing nothing about my body' (Leder, p. 82). Leder continues: 'Yet when the body is rendered opaque through loss of function, we become aware of it as an alien presence. We may first be seized by any of a variety of sensations. The body when ill is a concert master not only of pain but of warmth and cold, bloating, pressures, fatigues, nausea, tinglings, itches' (Leder, 1990, p. 82). It transforms into a foreign entity. Our body becomes an obstacle on our path. This can create a mind-body dualism (Leder, 1990, p.87). I try to explore how this shift from absence to presence reshapes our perception and embodied experience of space during periods of dysfunction because during those periods, the body which is usually transparent or absent becomes very present.



Monika Karczmarczyk, *Still point*, 2024, three-channel AV installation, HD, still from the video, 00:01:40 (loop), technical cooperation : Sebastian Janisiewicz

This dualism can be generated also within panic attacks, when you no longer can trust your brain and its projections. Your body feels alien, and the brain becomes unpredictable. "In addition, at times of dys-appearance, the body is often (though not always) experienced as away, apart, from the self. Surfacing

in phenomena of illness, dysfunction, or threatened death, the body may emerge as an alien thing, a painful prison or tomb in which one is trapped' (Leder, 1990, p. 87). For many years, my increased anxiety has manifested itself in moderate and severe panic attacks, where I became afraid of the 'concert' of sensations in my own body, as if my body were completely disconnected from my brain. Always present, never receding into the background. It is, in a sense, this sick body that marks its presence by its absence within the practical part of the project. Or the body longing for an absence that could bring relief.

The Still Point triptych is a video installation displayed on screens mounted on steel structures inspired by hospital equipment and body-supporting devices. Together with the imagery of bandages in the videos, these structures evoke a sense of sculpture, as if they were prosthetic extensions supporting an absent body. In the end, they hold a three-dimensional model in the form of a body shaped by floating bandages. These carefully arranged sculptural forms not only occupy the space but also direct and constrain movement within it, creating a spatial situation that mirrors the vulnerability of a body. When the body is very present, in a vulnerable state, such as illness, one's embodied experience of space also shifts. The orientation of the body position is different, directed and mediated by external supports. In my installation, I aim to reflect this altered embodied perception. To view one sculpture, you must look down, but to see another, you must move further and look up. The following chapters will expand these deliberate shifts in movement I am constructing in the space.

Chapter 2. Choreography of Care / An Absence of the Main Actor

I enter sunny corridors, never-ending passages that refuse to let boredom settle in, keeping one in a constant state of being lost. I'm confronted with silence and stillness; the corridors are empty. I can see many supporting devices, but no bodies. Yet there are many doors. Open doors. I shyly look at what is happening behind one of these doors. Left, right, left, right. An elderly woman in her 70s is engaged in a strange, dreamy dance with a person who is probably a physiotherapist who works here. I observe this scene for a moment, dressed in a white uniform that mimics the nurses' clothing and allows me to blend in without causing a disturbance. It's warm here. The smell of illness, old age, food, and beds fills the air. The corridor stretches on, and I notice another patient grabbing the metal structure attached to the wall, which allows her to move independently. She seems to be frozen. Motionless. Tiny, voiceless steps, not rushing anywhere. The steel structure directs her movements, guiding her progress. I wonder. How she perceives this space from her side of the wall. How are those tiny steps, that stillness, reflected within this space? And how is this space reflected in her tired body? Is she present in this physical space, or lost in the space of her mind within the dream?

Monika Karczmarczyk, *Thanatobjects* - documentation of a process, 2024, medium format photograph, Pigment ink print on Moab Entrada Natural Rag 300gsm

The stillness of this space is occasionally interrupted by the movement of a nurse walking down the corridor. The only lively movements here are those of the nurses. Patients lie lifeless in their beds. The silence is overwhelming. The harshness of the nurses' movements disturbs this stillness. Lifeless bodies in between those rushing bodies. Two contrasting rhythms intertwine here. They bring

a spark of vitality, but they disturb this liminal reality; they unsettle the ghostly atmosphere. The spectacle of moving bodies, ghostly bodies, of life and death, takes place here.

2.1. The Hospital as a Portal

How concrete everything becomes in the world of the spirit when an object, a mere door, can give images of hesitation, temptation, desire, security, welcome and respect. If one were to give an account of all the doors one has closed and opened, of all the doors one would like to re-open, one would have to tell the story of one's entire life.

Gaston Bachelard, *The Poetics of Space*

What would the story of the hospital doors be? What image could they convey? How do physical spaces shape our minds, and how, in turn, do our minds shape the spaces we inhabit? How do spaces mediate between inner and outer worlds? How does architecture or the built environment shape and mirror human experiences? Bachelard suggests that physical objects and spaces are not merely functional but also are imbued with deep emotional and symbolic significance.

I like to think of a hospital as a portal. A place of arrival and departure in the human journey. Yet, as a portal between worlds, an architecture within Thanatos, it remains undervalued. Hospitals are a separate world, hidden from those who are healthy. Discussion of hospitals is often avoided, much like discussions about death itself. Hospitals are often recognised as heterotopic spaces – 'worlds within worlds' – as Michel Foucault described in 1967, in his lecture *Des espaces autres (Of Other Spaces).* According to Mackiewicz, who applies the concept of heterotopology to hospital spaces, patients' experiences and priorities within hospitals differ significantly: some are preparing to return home after recovery, while others face the uncertainties of serious diagnoses or terminal conditions. Patients who are unconscious or only partially aware, such as those in psychiatric or geriatric units, have a fundamentally different experience of hospital life than those who are terminally ill and must make decisions about where and how they wish to die. In these settings, life and death coexist in a concentrated and paradoxical manner (Mackiewicz, 2019). As Mackiewicz writes, 'In the concentrated, "compact" space of the hospital walls, we observe the extraordinary intensity of the logistic divergence of goals and values which are seen as absolute' (Mackiewicz, 2019, p. 139).

Within this space, time itself is vaporising. It seems to dissolve. The sense of time and space becomes distorted – patients are confined to the schedules

of medical care, where days blur into nights, and the passage of time feels both endless and beyond their control. Hospitals impose their own temporal framework, reducing individuals' ability to orient themselves in the world. In this way, time and space within the hospital are not merely experienced but dictated, creating a liminal reality, a dreamlike atmosphere. A spectacle of ghostly bodies unfolds within this theatrical, liminal architecture. As Mackiewicz notes, we engage with these spaces for a set period of time. During our visit, we adhere to the time systems and regulations established by these environments. Unlike our homes, we do not govern the time here, nor do we schedule or arrange activities. Instead, we find ourselves waiting as patiently as possible for the rituals and routines that mark the passage of time. (Mackiewicz, 2019, p. 138).

The central figure within this timeless space becomes the bed. All actions occur within or around it. As Bitten Stetter notes in her article *Finally We Are Fragile: An Applied Design Research About Things of Dying*, during the final stages of life, the room transforms into the centre of existence. The nursing bed shapes actions and movements, including basic activities like living, eating, bathing, or interacting socially. Within the environment of a sick person, there is limited scenography. The space acts as a stage, framing the movements of patients, healthcare workers, and visitors. The bed, chair, and shelf become part of this choreography of care, dictating the actions that unfold. Thanatoarchitecture, like hospitals, are spaces of transition, shaped by the choreography of bodies and movements within them. As T. Paklepa writes in *Hospicjum jako teatr* (The Hospice as Theatre*),* hospice spaces resemble a stage: 'The hospice space is the stage prepared by the members of the hospice movement for the people who will play the main role in it. It should be equipped with appropriate decorations and props in order to give the performance of the death of the protagonist both stature and setting' (Paklepa, 1998, p. 182). This raises questions: What does this stage look like? What constitutes the stage? What are its components?

The architecture of the places associated with death seems to follow a spatial arrangement completely detached from emotions accompanying the illness or the crucial moment of departure. As Stetter argues, the 'repulsive force of these things creates discomfort and distance and turns us away from places like these, whether we are patients, family, neighbours or friends. We want to escape and hope that we never end up there'. She brings up the images of washable tables, imitation leather seats, and stackable feeding cups as ones that evoke specific emotional responses through their materiality. As Stetter observes, 'these things alienate us from the fact that we – as individuals and as a society – must confront mortality'. She later reflects on how the lack of a thoughtful, aesthetic approach to care – and the lack of design considerations for the final phase of life within common visual culture – might shape our relationship with illness and

the experience of dying. Juhani Pallasmaa argues that architecture catalogues reality, asserting that 'architectural metaphors or images have an extraordinary impact due to their structuring power' (*The Embodied Image*, p. 120). He further posits that architecture is an existential condensation 'capable of communicating the complex experience of being human instantaneously through the singular image' (ibid.). Within this framework, a patient's room becomes a condensation of existential meaning, one that should provide the feeling of home and security. Yet, in the sterile, dehumanised space of a patient's room – dominated by 'imitation leather seats, stackable feeding cups', and barracks-like functionality – what happens to these feelings of home and security?

2.2. Bodily Encounter / Choreography of Bodies in Space

The experience of architecture is always encountered through one's own corporeality. Drawing attention to the materiality of objects, the choreography of bodies, the 'flow' between human and non-human elements always starts with our own body. Bachelard focused on the imaginative and emotional aspects of the space, arguing that our identities are deeply connected to the spaces we inhabit and that memories of these spaces stay with us, shaping our experiences and sense of self. He further claimed that architectural experiences remain in our minds and become integral to our being (Pallasmaa, 2011). Juhani Pallasmaa's *The Embodied Image* complements this approach, emphasising the role of the body in our experience of architectural spaces. In Pallasmaa's words: 'We behold, touch, listen and measure the world with our entire bodily constitution and existence, and the experiential world is organised and articulated around the centre of the body' (Pallasmaa, p. 69). As Jacques Lecoq put it, 'The body knows things about which the mind is ignorant' (Lecoq, 2002, p.8). Brian Irwin, in his article *Architecture as Participation in the World: Merleau-Ponty, Wölfflin, and the Bodily Experience of the Built Environment*, also perceives architecture as a bodily experience that should be considered in relation to or through one's own body. Architecture thus is the encounter of the body with other human and non-human bodies. Irwin follows the thought of Wölfflin, claiming that we belong to the world as participants, not as standing observers (Brian Irwin). Pallasmaa claims that 'architectural experiences have the essence of verbs rather than nouns' (Pallasmaa, 2011, p.124). He continues: 'Deep architectural experiences are relations and acts rather than physical objects, or mere visual entities. As a consequence of this implied action, a bodily encounter with an architectural structure, space and light, is an inseparable aspect of the experience. Architectural images are promises and invitations (…) Consequently, authentic experi-

ential or mental elements of architecture are not visual units or geometric gestalt (…) but confrontations, encounters and acts which project and articulate specific embodied and existential meanings' (Pallasmaa, p. 123).

Monika Karczmarczyk, *Thanatobjects* - documentation of a process, 2024, medium format photograph, Pigment ink print on Moab Entrada Natural Rag 300gsm

Pallasmaa further emphasises the continuous dialogue and interaction that makes it impossible to separate our sense of self from the spatial and situational context in which we find ourselves (Pallasmaa, 2011, p. 125). He claims that architecture is our primary means of orienting ourselves in the world. He continues: 'Consequently, its ethical task is to be supportive of life and enhance our existential experience by providing it with a specific frame of understanding and meaning' (Pallasmaa, 2011, p. 123). Architecture is thus inextricably linked to our own existence. As the poet Noël Arnaud writes, 'I am the space where I am' (cited in Pallasmaa, 2011, p. 125). Architecture is vital in guiding and structuring human behaviour and movement. A similar understanding of architecture is also present in Tomasz Załuski's article *Futerał na ciało (A Case for the Body)*, where he analyses the practice of the Polish artist Władysław Strzemiński: 'Architecture is a kind of "musical score" for everyday life, a "choreographic" score for the movements of the human body in space. (...) Therefore, the system of walls, the plan and sections of the building have value not in themselves, but as a case, directing the movements of a person who utilises such or other life functions'. (Załuski, 2016, p 180).

Peter Zumthor, a Swiss architect known for his minimalist, experiential designs, also relates to architecture as an 'envelope'. In his book *Thinking Architecture*, he writes: 'Architecture has its own realm. It has a special physical relationship with life. I do not think of it primarily as either a message or a symbol, but as an envelope and background for life which goes on in and around it, a sensitive

container for the rhythm of footsteps on the floor, for the concentration of work, for the silence of sleep'. (Zumthor, p. 13). In his book *Atmospheres: Architectural Environments – Surrounding Objects*, Zumthor delves into the sensory and emotional dimensions of architectural spaces. He emphasises the importance of materials, textures, lighting and spatial composition in shaping a building's atmosphere. According to Zumthor, these qualities can evoke specific moods, create a sense of time and place, and establish a profound connection between users and the built environment.

Pallasmaa and Zumthor are both drawn to the concept of atmospheres in architecture. Gernot Böhme, the leading contemporary philosopher on atmospheres, describes them as 'indeterminate above all as regards their ontological status. We are unsure whether we should attribute them to the objects or environments from which they proceed or the subjects who experience them. We are also unsure where they are. They seem to fill the space with a particular tone or feeling like a haze' (Bohme, 1993, p. 114, as cited in Bille et al., 'Staging Atmospheres: Materiality, Culture, and the Texture of the In-between', 2014). Atmospheres operate on an implicit level, arising from the complex interplay of material, spatial, and temporal elements within architecture. They can be understood as the subtle qualities that emerge from this dynamic interaction, existing as 'in-between' spaces that mediate the built environment and the subjective experiences of those who inhabit or encounter it. As such, Bille et al. argue, atmospheres resist clear categorisation as either purely psychological states or objective environmental features. Hence, 'atmospheres are always located between experiences and environments', so highlighting their liminal and relational character (ibid., p.2.)

Atmospheres must be felt; they are temporal, constantly evolving, and linked to sensory experience. They float between subject and object. Yet this ambiguity does not imply weakness. Instead, it creates a space that invites deeper, more holistic engagement with our surroundings. By attuning us to the tacit, felt aspects of space that are dynamic and connected to our multisensory experience, the notion of atmosphere allows us to move beyond the usual subject–object dichotomy in architecture. Focusing on atmosphere requires a deeper, more active, and analytical engagement with architecture (ibid., p.6.) Bille also emphasises the importance of the body and embodiment in understanding architecture: 'Spaces are perceived in particular ways by way of the moving body, and this also means that they are essentially temporally contingent; atmospheres change as the body moves through space and is exposed to changing sensory stimuli, and so too does the biological composition of our bodies change as we are exposed to different atmospheres. Architecture is so influential on the mode of movement that social exclusion and inclusion become orchestrated through

atmospheres, and it hence becomes a way of allowing ideals of social norms to come into being' (ibid., p.6.) Bille's statement supports the idea that atmospheres are not static entities but rather dynamic phenomena, constantly flowing and circulating between human and non-human bodies. The concept of atmospheres in architecture revolves around the interplay of absence and presence – a recurring theme in this dissertation and its practical counterpart. Atmospheres occupy a liminal space, blurring the boundaries between the tangible and the intangible, the present and the absent. They emerge from the interplay of material, spatial, and temporal elements, but cannot be reduced to any single factor. As such, atmospheres challenge our conventional understanding of architectural space as a static, clearly defined entity. Engaging with the 'in-betweenness' of atmospheres is important for developing a more nuanced understanding of the lived experience of space.

Monika Karczmarczyk, *Untitled* - documentation of a process, 2024, medium format photographs

Pallasmaa's insights into the embodied experience of architecture and atmospheres within architecture find parallels in Cameron Duff's work on health geography, which in turn builds upon the ideas of Mikkel Bille and Gernot Böhme. Duff applies a notion of atmospheres to the recovery from mental illness, suggesting that we can think of architecture 'less in terms of designed objects per se and more as a practice of designing situations, shifting our focus from an "ontology of the object to an ontology of the elements" that combine in any given space' (Duff, 2016, p. 63). By drawing on Bille and Böhme's work, Duff situates his approach within a broader theoretical framework that recognises the importance of atmospheres in shaping our embodied and spatial experiences of health, illness, and recovery.

In *Atmospheres of Recovery: Assemblages of Health*, Duff writes, 'The always unfinished event of recovery links human and nonhuman spaces, bodies,

objects and forces in the joint expression of an enhanced capacity to affect (and to be affected by) other bodies and spaces' (Duff, 2014). Being in a vulnerable state of illness or recovery brings to the forefront a 'special' state that is more susceptible to affect. Duff treats bodies, spaces, and objects as participants in the recovery event, leading to an exchange of flows between these elements within the specific situation of the assemblages of health. He claims that 'attunement to affects, spaces and bodies may yield novel ways of engineering or 'staging'' (cited in Bille et al., 2015, p. 31).

Duff emphasises the importance of 'cultivating spaces between subjects and objects, between human and non-human materialities' (Duff, p. 62). Not enough attention is paid to the in-betweenness when this notion could actually make a difference. This begins with making us more vulnerable and attentive to that which is not immediately visible or apparent.

When considering assemblages of health and atmospheres, it is crucial to interrogate illness through the particular assemblage of bodies, forces, spaces, and objects in which it occurs. Rather than focusing solely on architecture as a singular entity, it is essential to recognise and analyse the many different elements that constitute the assemblages of illness when discussing illness, mortality, and the built environment. It is atmospheric and multiple, instead of singular, emphasising the importance of dwelling within the in-betweenness and poetics of the experiences. As Duff argues, 'Conceived in these terms, recovery may be said to describe a particular condition of becoming well that relies for its progress on a heterogeneous cast of human and nonhuman objects, bodies and forces, rather than the perseverance of individual bodies' (Duff, 2014). This insight highlights the significance of casting and staging within architecture, not only in terms of creating functional spaces but also in terms of fostering environments that support the right to dignity within the illness and dying. It is not only the medical prolongation of human life that matters but also the quality of the environment we inhabit during those fragile moments.

2.3. First story

It's dinner time. The smell of food fills the corridor where I've positioned myself for observation. Two men-paramedics from the clinic, dressed in white, enter the scene. I follow them into one of the rooms. It becomes clear they are here to help position the patients for the meal. I watch the scene – the choreography of bodies within this sterile, stuffy setting. There is not much room for movement. The limited scenography of the scene acts as a stage, framing the movements of the paramedics and the patient. The bed, chair, and shelf become part of this choreography of care, dictating the actions. The emptiness of the room amplifies

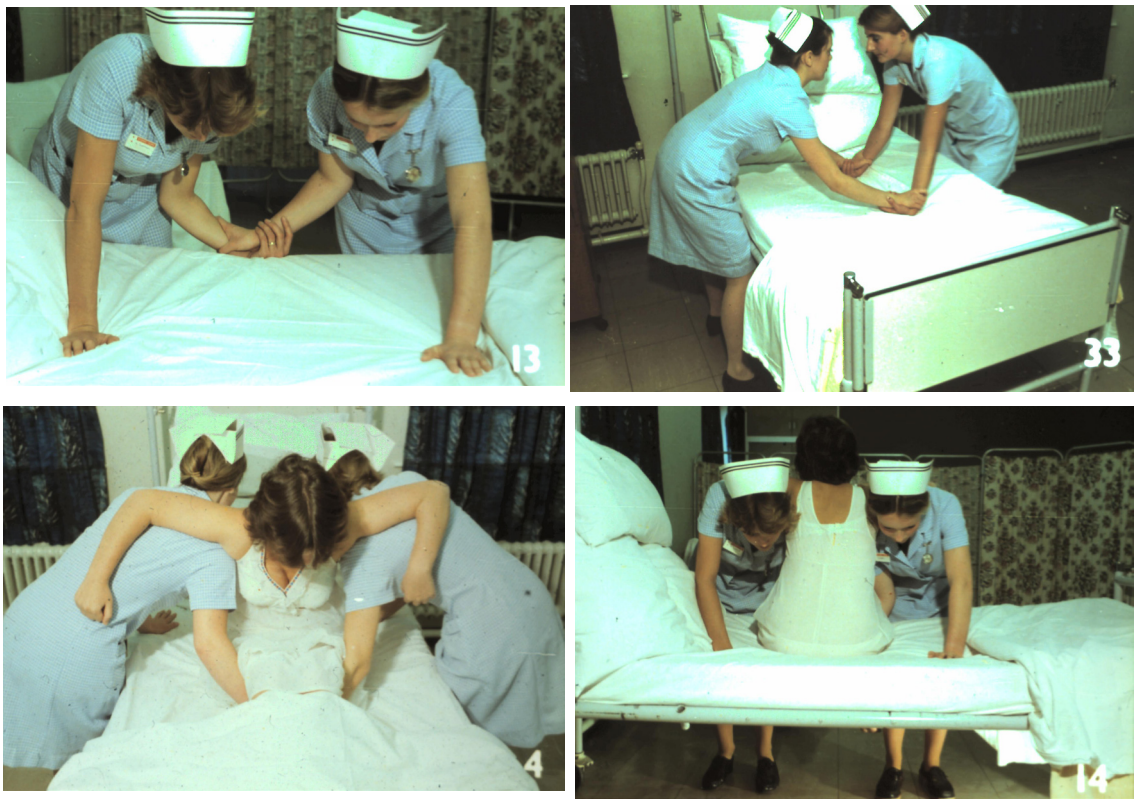
the weight of each gesture. The objects in the room become an extension of the bodies within it. One of the men is holding the weak body of a patient under his arms, the other is securing one of his hands under the arm of a patient, next to the hand of the other health worker, so that the hands of these two people are touching. The one bearing the body's weight takes one of the patient's hands into his own, inviting him to dance. The figure of three moves slowly from the bed to the chair, as if they were forming a circle. There is a lot of tenderness in these movements. I imagine the figure of three involved in this endless dance in a circle, their bodies moving in a synchronised rhythm. The movements of the paramedics are perfectly coordinated as they turn towards the patient's body, I keep noticing. These two bodies synchronised towards the other body. It looks as if this is too hard a job for female nurses, requiring a lot of strength. Tender, ghostly bodies are heavy.

Photographs from a series of negatives believed to be related to a School of Nursing, likely in Leicestershire. Source: Online archives, Flickr

2.4. Notes on care

Considering the spatial aspects of health and illness and approaching the hospital as more than just a physical environment or a setting for medical interactions draws our attention to the notion of care. As Duff (2016) suggested, hospital can be viewed as an assemblage created by the interaction of human and non-human entities. This perspective aligns with the argument of Schillmeier and Domènech (Schillmeier, 2017, in: Martin et al. 2019, p. 2) that 'thinking about care practices entails a reflection concerning practices of space' and the agency of non-human elements within the encounters of care, including the built environment (Mol, 2008, in: Martin et al. 2019, p 2). Schillmeier's claim that care is always 'situated'

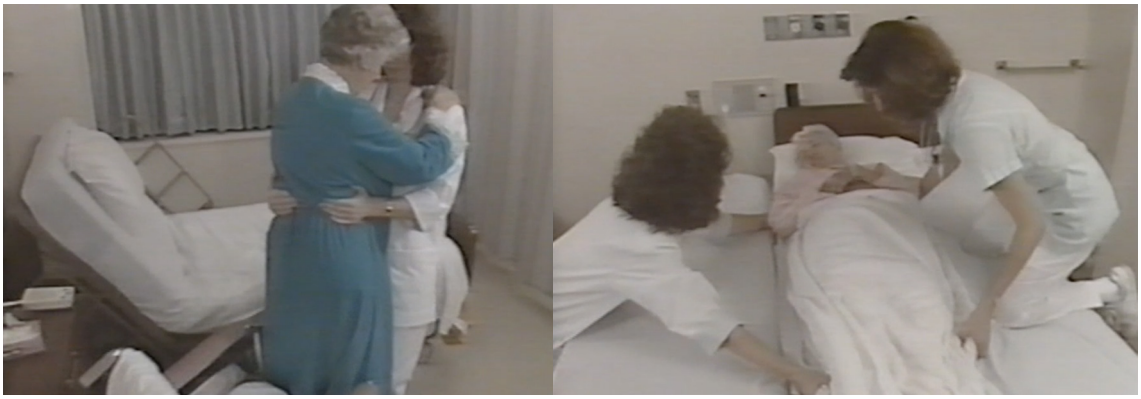
suggests that care practices are inherently shaped by the context in which they occur. In other words, care is always embedded within the built environment, intertwined with its design, atmosphere, and relationship with non-human materialities. As discussed earlier in this thesis, the built environment is not a neutral container for medical encounters, but a dynamic assemblage that influences and is influenced by encounters of care. Architecture and care are thus inextricably linked, with a constant flow and reciprocal relationship: the hospital space, as an assemblage of human and non-human components, shapes and is shaped by the encounters of care within it. We cannot talk about care without architecture.



Photographs from a series of negatives believed to be related to a School of Nursing, likely in Leicestershire. Source: Online archives, Flickr

The historical context of nursing and its relationship to spatial organisation further illustrates the interplay of care and architecture. As David Theodore writes in *From Care to Cure and Back Again*, where he tracks the modern shift from cure back to care, 'Nurses were historically often members of religious orders with a vocation to care for patients; they were commanded to care for patients as part of their job; and the hospital was put in order in such a way that the nurses could care for patients efficiently'. Religious orders that pioneered nursing often organised hospitals based on the specific needs and movements of caregivers, emphasising accessibility and direct patient observation. This historical perspective underscores how the spatial organisation of hospitals was shaped by the practices and requirements of care. Despite the central role of care in shaping

the built environment of hospitals, expressing care in words can be difficult. As Mol (2010, p.10) suggests, care resides in physical experiences, gestures, and the specific atmosphere of certain environments. This understanding of care as embodied and atmospheric is crucial to the relationship between illness and the built environment. It draws attention to the importance of physical experiences and the affective qualities of environments in the delivery of care.



Archive photos of demonstrating instructions on positioning the patient, stills from the video archives of UGR Library, Granada

2.5. Second Story

It is time for the nurses' rounds. I follow them as they rush into the rooms to perform sanitary duties. Bandaged legs and hands. Bandaged parts of naked bodies. Some patients are tied to their beds with straps, which are loosened briefly for the necessary procedures. One hand of the nurse supports the body, while the other attempts to remove the sheets from the bed with movements that appear violent to me. Three beds, five nurses moving around in a hurry, the sheets flying – a strange spectacle of moving fabrics. A woman whose body is in pain, silent sounds emanating from her suffering form. She has open wounds from lying still. Her head hangs motionless, tilted towards the floor, amidst the rush of five other bodies in the room. Among the rushing figures, a nurse makes tender gestures to the tired body and begins to sing a song. The other rushing bodies join her, their voices forming a chorus. There is a strange power and joy in this scene. The smell of faeces lingers in the air as I watch. The old woman's feet tremble. Is she conscious? The nurse covers her body with the sheet, obscuring my view of the trembling feet. I now realise that the person making those quiet noises is the body next to me. The one whose body was trembling remained completely silent throughout. 'Hey, hey, hey, old warrior, don't overstretch your bow, Hey, hey, hey, your heart of stone will break'. The song accompanies the scene, a constant presence. Choreographies of bodies moved by other bodies. Bodies supporting bodies. A dreamy, liminal dance is going on, a ghostly dance of in-betweenness.

2.6. *Hey, hey, hey, old warrior, Don't overstretch your bow*– Creative Process

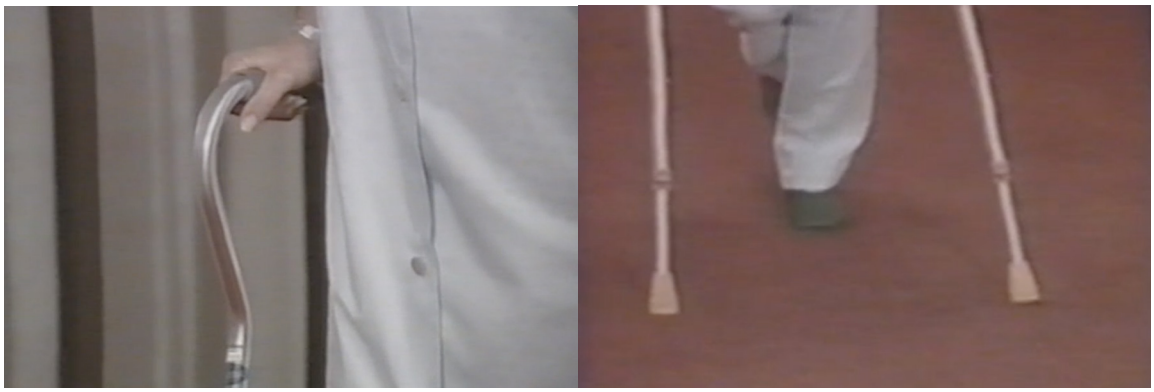
In 'Choreography of Care' (2022), two women perform a dance composition inspired by the gestures and movements of nurses in hospitals. Tenderness, care and sacrifice are the leitmotif of the dance performance. The stage is a barren room that is only open at the top. Light penetrates from above; the light source remains offstage – an allusion to the operating theatre and to a metaphysical beyond at the same time.

Max Rauschenbach

Choreography of Care is a two-channel audio-visual installation that emerges from the research outlined above, emphasising the physical and experiential in-between and exploring the dynamic relationships within the built environment. Archival materials often serve as a starting point for my projects. While researching, I discovered instructional footage of nurses transferring and lifting sick patients, each gesture carefully staged and precise. During my Erasmus stay at the University of Granada, I also discovered several archival videos from the 1960s on this subject. I recall sitting in front of an old TV, waiting for a library worker to bring me the tapes. The narration was in Spanish, a language I couldn't understand, yet I was captivated. The screen was filled with the striking white of nurses' uniforms and hospital sheets. Pastel tones – candy pinks and soft blues in the patients' clothing – blended into this desaturated world, creating a surreal, almost fairy-tale atmosphere. Everything in the footage seemed perfect: the nurses carried out their duties with grace and gentleness. Their movements were purposeful, and their gestures were imbued with care. The materials, the beds, and the entire environment evoked warmth and comfort, inviting you to lie in one of those spotlessly clean, freshly made beds. The gestures of lifting, moving, and carrying seemed effortless and weightless. The film paid attention to detail – close-ups of caring gestures, slow-motion shots of legs moving, and wider shots of bodies interacting with hospital equipment. Nurses, patients, beds, sheets, and hands – all shifting in quiet synchronicity within the room.

Later that year, during my residency at AQB in Budapest, I continued my research, collaborating with the Geriatrics Clinic and Nursing Learning Centre, part of Semmelweis Medical University. Gaining access to the hospital was a challenge, requiring persistence and the leverage of my PhD researcher status. Over the course of seven days, I immersed myself in the daily life of the clinic. As I observed and documented the work of nurses and physiotherapists, the stark

contrast between the idealised images from the Granada archives and the reality of the Eastern European hospital became apparent. Instead of the fairy-tale atmosphere, I encountered patients in poor mental and physical states, mostly elderly, and witnessed varying approaches to caregiving. Gentleness and care were not always in evidence. Some patients were tied to their beds with straps. As they mainly had alcohol use disorder, caregivers had less empathy towards them, believing they were responsible for their state. There was no air conditioning, and the nurses sprayed the FA brand of deodorant in the rooms after performing sanitary tasks. You wouldn't want to lie in one of those beds. I remember that, on the fourth or fifth day, I saw one of the mattresses a patient had been lying on the previous day propped up against the wall. I realised then that two patients were missing. I knew all the patients on the ward, so I was concerned. For the people working there on a daily basis, however, it was completely impersonal and ordinary.



Archive photos of instructions on assisting with mobility using crutches and a walker, stills from the video archives of UGR Library, Granada

During my fieldwork, I focused on analysing gestures, movements, and relationships between individuals and the clinic's physical space. I paid close attention to encounters, the 'flow' between human and non-human elements, and the materiality of objects. Each day, I observed a group of nurses performing hygiene tasks, as well as emergency workers who came at mealtimes to assist with carrying and lifting patients. Most of the movement took place within the rooms and through the corridors. I recorded these actions in slow motion using a small, discrete camera that was not visible to patients, in order to avoid causing any disturbance. All hospital staff were informed that filming was taking place. The footage was used for analysis purposes only, to revisit and study the material. Combining these observations with archival materials I had collected earlier led me to create a video in collaboration with two renowned Budapest-based choreographers: Tamara Zsófia Vadas and Júlia Vavra. The dancers in the video mimic the movements, but the choreography is an interpretation rather than a reconstruction of the movements around the sick body. I extracted ten components

from all the materials I gathered and, based on these ten positions, we developed the choreography. Some positions were modified and taken further to create a more playful approach. For example, we focused on a position described in one of the stories presented in the thesis, in which two caregivers formed a circle, adding repetition and playfulness to the movement. This is reflected in one of the most intense scenes in the *Choreography of Care* video, an endless dancing sequence. Working with professional dancers for the first time was an interesting experience. Tamara and Júlia used the names I gave to each position while communicating with each other and experimenting with the order of the positions.

Monika Karczmarczyk, *Choreography of care*, 2023, two-channel AV installation, 4K, still from the video, 11'15" (loop)

In the context of this project, mimicry can be understood as a method of empathy – an embodied form of engagement that goes beyond a mere mental state. This concept is explored in the research of Kirsi Heimonen and Sari Kuuva, who describe 'corporeal empathy' as a form of 'attunement'. They provide an example of a performance in which the mover's personal experiences and memories are expressed through bodily movement. At the same time, audience members attune themselves to the mover's physical presence, resonating with the specific kind of embodied experience evoked. This reciprocal dynamic of attunement enables the audience to establish an empathetic connection with the mover's lived, corporeal reality (Heimonen & Kuuva, 2021, p. 337). Their conceptualisation of corporeal empathy is rooted in Edith Stein's (1989 [1916]) phenomenological writings. The notion of 'attunement' is important when exploring how viewers' or observers' own corporeality and embodiment might be impacted when encountering the movements in the *Choreography of Care* video.

If viewers can attune to the movements and gestures of the nurses around the sick body through corporeal empathy, as described by Heimonen and Kuuva (2021), this raises the question of how their own embodiment is affected by these movements in the video. Do our bodies respond in resonance with the performers' corporeal experiences? Are we being confronted with a rehearsal for our own experiences of illness and mortality? Or do the movements we observe become part of our embodied memory?

The notion of 'attunement', whereby an observer can resonate with a performer's corporeal experience, is paralleled by scientific research on the 'mirror neuron' system, which was first described by Vittorio Gallese. This study suggests that there is a continuous relationship between observing a movement and the brain processes that would be involved in performing that movement. In other words, when we observe the actions of others, the same neural circuits are activated as if we were performing those actions ourselves (Gallese et al. 1996).

Monika Karczmarczyk, *Choreography of care*, 2023, two-channel AV installation, 4K, still from the video, 11'15" (loop)

In his analysis of Merleau-Ponty's writings on child psychology, among others, Jonathan Hale suggests that 'the mirror neuron system allows us to "read" other people's actions by simulating or inwardly performing them' and claims that it suggests that 'perception involves a kind of rehearsal for action' (*Hale*, 2017, p. 50). This notion of unconscious mimicry and embodied simulation extends beyond human interactions, as Brian Irwin's analysis of Heinrich Wölfflin's writings on the bodily experience of the built environment demonstrates. Irwin claims that, through 'embodied simulation', we imitate not only the physical situations and events we encounter, but also the objects and qualities of our surroundings (Irwin, p. 95). Similarly, Juhani Pallasmaa argues that, when

experiencing a structure, we 'unconsciously mimic its configuration with our bones and muscles (...) Unknowingly, we perform the task of the column or of the vault with our body. "The brick wants to become an arch," as Louis Kahn said, and this metamorphosis takes place through the mimetic capacity of the body'. (Pallasmaa, 1996, p.72). This concept of the body's mimetic capacity towards its surroundings is exemplified in Heimonen and Kuuvas' research. They recount a patient's mother describing her mother's room, saying that she was 'frighteningly calm, expressionless, and pale, like the hospital building itself' (Heimonen and Kuuva, p. 343). Heimonen further elaborates on her own experience during the performance in *A Corridor that Moves*, writing:

> *When touching the wall with my hands, arms, legs, sides, back, and cheek, as well as being touched by it, the porousness and transparency of the corporeal experience invited me to disappear into the wall, to become the wall. This led to a slowing of movements, at once vertical and yet still moving. Also, while moving, the surrounding gloominess became like a thin, white material that passes through everything. That something, a transparent web-like whiteness, permeated my skin touching the curves of my bones. It fascinates yet it escapes – a brief lived encounter. The notion of tininess and whiteness also brought a sense of security and simplicity* (Ibid., p. 345).

This poetic description of a lived experience encapsulates the liminal space of the hospital, capturing the interplay between the body and its surroundings, and the way in which they mirror each other. Such experiences are often intangible, existing primarily within the realm of personal experience, yet they also leave an imprint on our bodily memory.

The performers in my video wear T-shirts that resemble uniforms, along with short trousers, white socks, and sports shoes. This gives the scene a more contemporary and less weighty feel. This choice of costume also allows for various interpretations. While the audience might initially expect the performers to be nurses, their roles remain undefined. The colour palette consists of beige tones that blend with the whiteness of the space. The space itself is open to interpretation. According to Kandinsky, white 'acts on our souls like a great, absolute silence. It is a silence that is not dead, but pregnant with possibilities' (Kandinsky, 1977 [1912], p. 39). The focus is intended to be on the gestures and movements around the diseased body, so it was crucial that the space merely served as a backdrop, allowing the choreography itself to take centre stage. These gestures create a hospital space, exemplifying how body and movement can define architecture. Throughout the practical part of the project, the decision was made to

work within the absence of the physical space rather than depict it. It is no coincidence that the space is kept open from above, with the performers illuminated by a gentle, soft, diffracted light that can resemble an operating room. Using light in this way creates an atmosphere that is both clinical and transcendental. While watching the video, viewers are confronted with the spectacle of touch, which is usually hidden from view. In this context, the main actor – the person being touched – is absent yet maintains a strong presence through this absence.

Monika Karczmarczyk, *Choreography of care*, 2023, two-channel AV installation, 4K, still from the video, 11'15" (loop)

During the development of the *Choreography of Care* video, various questions arose concerning aesthetic choices, the portrayal of care workers, and how personal anxieties and the research process were manifested in the work. The decision to adopt a clean, white aesthetic stemmed from an unconscious desire to extract clarity from emotional chaos and the research process itself. The creative process was often messy and challenging, involving the navigation of scattered research materials, archival sources, sketches and video files (Schön, 1983). Aestheticising this process provided a sense of order amidst the chaos, serving as a means of organising and understanding personal thoughts and bringing a sense of calmness and relief to the emotional and research-driven journey. In opposition to the frequent brutality and violence of media portrayals of illness and death, *Choreography of Care* offers a gentler, more poetic approach. Embracing ambiguity and resisting extremes, the work invites viewers to engage with it on their own terms, immerse themselves in the 'flow' of the experience, and independently discover, connect with, and reimagine existing realities. In an ever-changing world of sensory overload and constant immediacy, we long for encounters with poetry, the in-between, and the indirect – spaces where we

can experience things without the pressure of time or the overwhelming impact of explicit imagery. It is in these liminal spaces that we find room for reflection, empathy, and a deeper understanding of the human condition.

The sound in the video references a memory from my field research at a geriatric clinic, which I describe in one of the stories above. While the nurses were carrying out hygiene tasks during hospital rounds, one of them started singing and the others joined in. It was a beautiful scene that stayed with me. After finishing the fieldwork, I asked the nurses about the song they were singing. They told me it was a well-known Hungarian song by Hofi Geza. I carried the memory of the song and the scene with me for many months until I decided to incorporate it into my video. Wanting to stay true to the Hungarian memory, I collaborated with a musician to sing it in Hungarian. Our version sounds more like a lullaby, but the melody is still very recognisable. The refrain of the song that we used is very poetic and evokes the image of a warrior. The English translation of the (abridged) refrain is as follows:

‘Hey, hey, old warrior!

Do not overstretch your bow,

Your heart of stone will break’

I like to ask myself: who is the warrior here? Is it the performers, the absent body, or how much am I present in this work?

Monika Karczmarczyk, *Death of the protagonist*, 2023, Pince gallery, Budapeszt, exhibition view

Realising the *Choreography of Care* video helped me to gain an understanding of the space and movements within the space, which led me to develop the structures for the three *Still Point* videos described at the start of this thesis, and to think of them in a more sculptural and spatial way.

Chapter 3. A Stage for the Protagonist

3.1. Supporting the body that is missing

A three-channel visual installation is formed by the three stainless steel structures with screens attached. Each structure and screen combination will be referred to as a sculpture. Drawing inspiration from hospital equipment and the support bars commonly found in urban environments for functional or safety-related purposes, the design and placement of these sculptures dictate their specific function of providing bodily support. The first sculpture is based on a support bar that I encountered during a walk in my Berlin neighbourhood. It was mounted horizontally near the base of a door to help wheelchair users enter the building. This sculpture is to be placed at a specific height within the exhibition space and is designed to be experienced with the entire body while gazing upwards. A digitally rendered hand, wrapped in white gauze, is attached to this stainless steel sculpture.

Monika Karczmarczyk, *Still point*, 2024, three-channel video installation, HD, stainless steel

The second sculpture supports a 3D animated model in the shape of an arm. The original device that informed this sculpture's design is a safety support handle for a chair lift intended for elderly users. It acts as a stabiliser when sitting down or getting up from a chair or sofa, minimising the risk of falling or de-

scending too quickly, and it provides users with a grip to help them get up from a seated position. One of the legs is playfully bent, evoking a sense of shyness or movement, and is enveloped in a thin layer of black, leather-like fabric obtained from the Janosz Korhaz Hospital in Budapest. Together with my aunt, I carefully cut a small piece of fabric and sewed it into a delicate cover for the sculpture's leg. I thought carefully about how to use these fabrics, which were soon to become a thing of the past as the hospital was replacing them with modern plastic equipment. Sewing this miniature outfit for the sculpture's leg was an attempt to incorporate a physical sign of passing time into the project.

Monika Karczmarczyk, *Still point*, 2024, three-channel video installation, HD, stainless steel

I have not yet found a use for the remaining fabric that I collected, but, as with every piece, its time will come. One feature of this sculpture is the extended steel pipe that extends beyond the screen and disrupts the viewer's field of vision. As the animation plays, the steel pipe remains a constant presence within the frame, creating an unavoidable visual interruption. This design choice establishes a direct link between the sculpture's physical structure and the digital representation of the arm, creating a dynamic connection between physical and virtual elements. The placement of the sculpture has been carefully considered. It is intended to stand on the floor in close proximity to the sculpture depicting a hand. Viewers are encouraged to engage with the piece by looking down, as the sculpture's position on the floor requires them to slightly adjust their gaze and head position. This physical interaction with the artwork creates a more intimate

and immersive experience, as viewers must actively direct their attention downwards to fully encounter the sculpture and its relationship with the other elements in the installation.

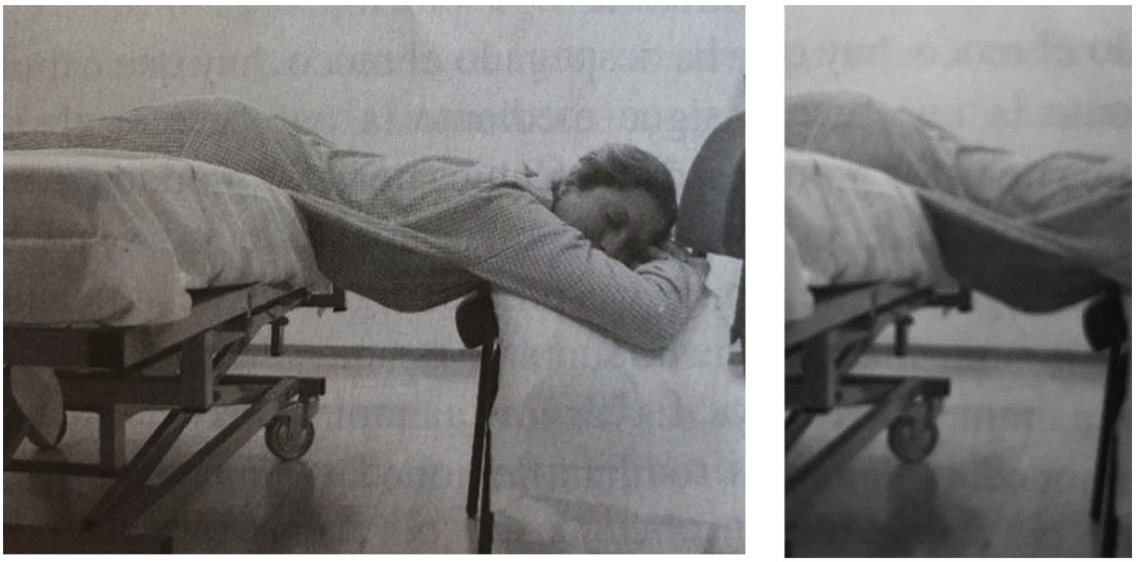
Monika Karczmarczyk, *Still point*, 2024, three-channel video installation, HD, stainless steel

The final sculpture is designed to resemble a handrail, a common supportive structure found in public spaces such as hospitals, schools, and transport hubs. Handrails provide balance, stability, and safety, particularly on stairs, ramps, pavements, and corridors. The handrail referenced in this work holds personal significance as it is derived from a story described earlier in the thesis. In this narrative, I vividly recall an elderly woman moving through a Budapest hospital corridor. Her presence seems absent, yet her movements are guided by the handrail. This scene evokes a sense of stillness and fragility, and the woman's movements resemble those of a ballet dancer in a ghostly, ethereal environment. To keep the memory of her tiny, ghostly footsteps alive, I slowly replicated the structure of the handrail for the final video animation depicting the leg. The handrail sculpture invites visitors to interact with the artwork by slowing down, grasping the handrail and resting for a moment. The handrail is adapted each time to fit within a given exhibition space.

3.2. So relax, ghostly, dreamy bodies, and dream

I want to remain in this dreamlike state, to allow those tired, tense bodies to be released from their constraints, to relax them and protect them. I want them to

dream without pain, to be released from the embarrassment of being dragged and lifted by another body due to lost bodily function. So relax, ghostly, dream-like bodies, and dream. This is a structure for a dreamer, an absent body, a tired warrior. Limp bodies lean lifelessly, finding rest. I imagine them free from this prison-like situation, their bodies liberated from their tired, sick forms. A warrior's exhausted, fragile body can finally rest and immerse itself in a dreamy state, free from physical limitations. The boundaries between the physical and the ethereal are blurred. Ghostly bodies find comfort, no longer dictated by the rhythms of the living. The once-constrained warrior discovers release in this liminal space.



Archive photos, UGR Library, Granada

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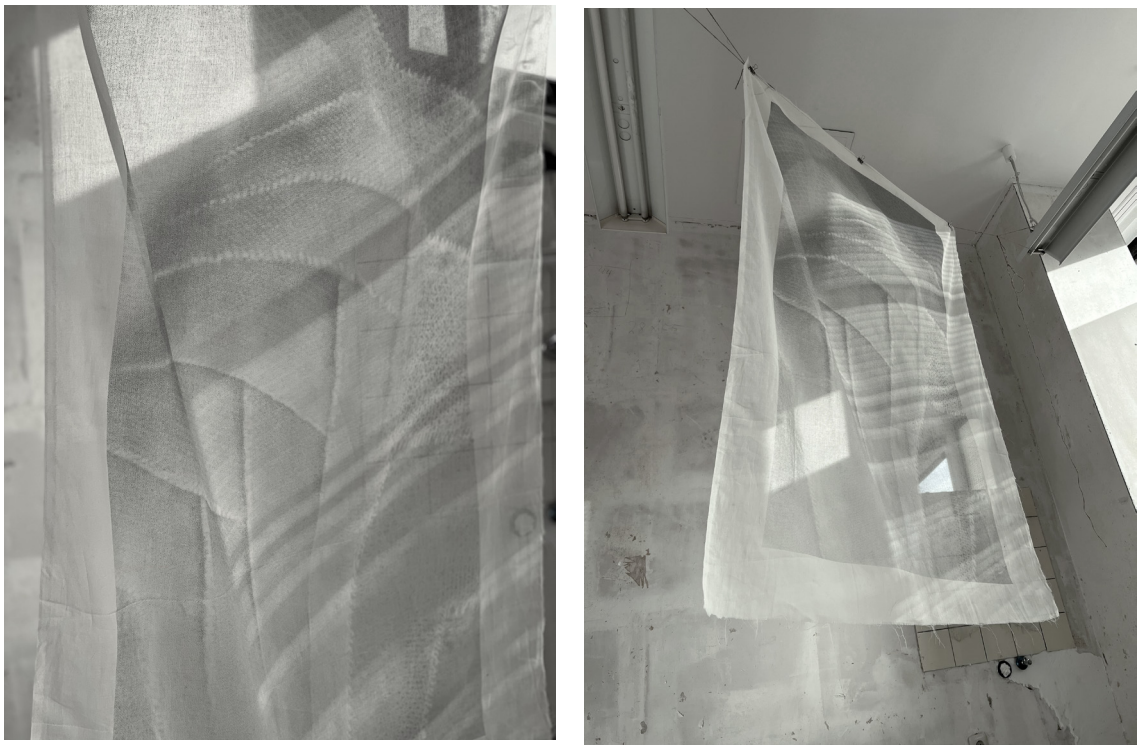
The specially designed piece of furniture serves as a viewing seat for the 'Choreography of Care' video. Constructed from steel and a faux leather-like plastic fabric, the object is placed in front of the projection, inviting the viewer to lie down while watching the video. The object's design is based on a photograph I found in an old book during my research in Granada. This photograph has accompanied me for a long time and depicts a woman lying between a hospital bed and a chair. Her lower body rests on the bed while her upper body – chest and head – lies on the chair, with her arms positioned under her head. The middle part of her body hangs loosely between the two pieces of furniture, unsupported. She looks as though she has found rest. Her position looks extremely comfortable and relaxed, with her body seemingly hanging effortlessly between the two objects. This posture – unusual, considering the hospital setting suggested by the bed in the photograph – appealed to me. Motivated by my aim to capture this effortless, suspended body position, I recreated it within the structure positioned in front of the video. The main objectives were to recreate the restful pose and emphasise the space in between. The result is a minimalist object reminiscent of hospital equipment, consisting of two stable, flat surfaces supported by a frame-

work. The structure supporting the middle body part is suspended between these surfaces and attached to the metal framework with four wide strips. Metaphorically speaking, this object represents the only space in the exhibition where the body can be present. The absent body, which is missing from all the other elements of the project, can finally rest on this structure, effortlessly observing the careful, gentle gestures of the two choreographers towards the absent body. Attached to the furniture's frame is a belt made entirely of copper, a material chosen for its significance in the medical industry as an antibacterial surface, commonly used in hospital environments. The belt evokes the image of a warrior's accessory or a strap used for restraint. Engraved in the middle of the copper belt is a text, translated from Hungarian to English, from a song featured in the *Choreography of Care* video: 'Hey, hey, old warrior, don't overstretch your bow; your heart of stone will break'.

Monika Karczmarczyk, *So relax, ghostly, dreamy bodies, and dream*, 2025, stainless steel, faux leather

The final component of the practical section of the project is a silk-screen print of a bandaged arm. This piece is the result of learning the silk-screen printing technique, photographing a bandaged body part, and creating a screen-printable image. Printed on highly transparent canvas, the work has a light and almost liminal quality that plays with notions of absence and presence. Unlike the digitally rendered animations, this piece has a very organic feel. The repetition of the bandage motif in this organic medium complements the project as a whole. The transparency of the print demands the creation of multiple works, which are then layered to create a depth effect. The number of layered screen prints is adapted to suit each exhibition space. Layering and presenting the silk screens

hung from the ceiling allows for a spatial experience. As viewers navigate their way through the hanging images, the prints resonate with their movement. These works should be presented in a space rather than on a wall to create a contact zone – a skin – where viewers can engage with the artwork more intimately.



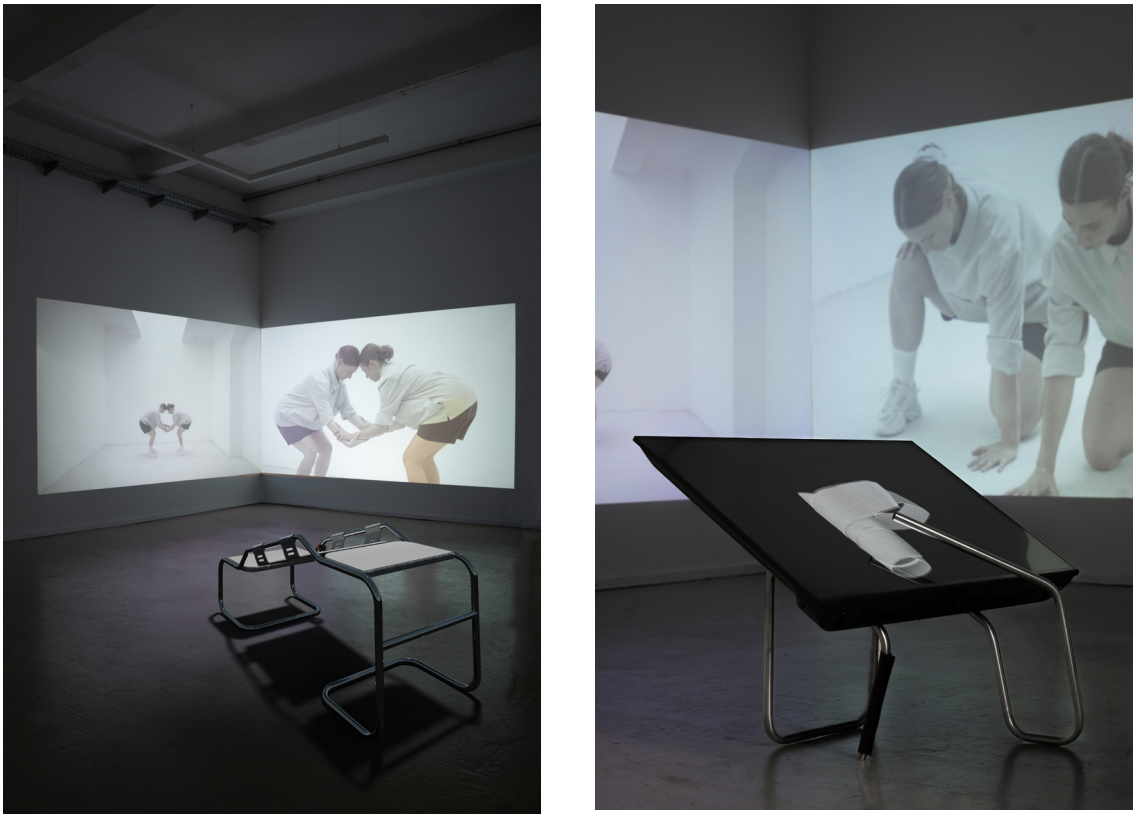
Monika Karczmarczyk, *Untitled,* 2025, Screen print on canvas, 70x120cm

3.3. Threshold of something – Exhibition

The practical elements of this PhD thesis result in an exhibition that offers an immersive experience. This experience has several key elements: a three-channel sculptural video installation; the two-channel video *Choreography of Care*; the object *So Relax, Ghostly, Dreamy Bodies and Dream*, which is placed in front of the *Choreography of Care* video; a copper belt with a translated song from the video, which is attached to the furniture's frame; and a spatial silk-screen installation. These components form the foundation of the exhibition. Through the juxtaposition of these components, the exhibition reveals them in a new light, adding another level of depth and context to the work.

Central to the project is the emphasis placed on the viewer's embodied experience of the exhibition space. As discussed throughout this thesis, spaces are not static entities, but are actively encountered through individuals' bodily movement and position in relation to human and non-human entities. Consequently, the placement of exhibition elements and the use of additional components, such as space dividers or other atmospheric elements, may vary depending on the space in which the exhibition is presented. This adaptability ensures

that the exhibition can be adapted to each unique space while maintaining the integrity of the core components. I kept in mind the approach of the Finnish architect Alvar Aalto, who urged designers to consider the individual 'at their weakest' (Aalto, 1985, p. 49). This principle is particularly relevant when addressing the experience of sick people in their surroundings, which often differs from that of healthy individuals due to differences in orientation and body position. The exhibition makes a gentle attempt to relate to this thought, requiring viewers to assume specific bodily positions, such as lying down on a structure, looking up, or grasping a handrail, to fully engage with particular works. By encouraging these physical interactions, the exhibition aims to engage the viewer's corporeal imagination and evoke an empathic experience.



Monika Karczmarczyk, 2024, Open studios at Künstlerhaus Bethanien, installation view

This PhD project leads to the threshold of something while not claiming to explore the subject in its entirety. As with our own mortality, definitive answers are elusive. However, I believe that by combining writing with a research method that focuses on observation, movement, mimicry, personal experiences, and archival sources and thereby attunes to the embodiment experience of architecture and its material-affective nature, as well as to the meaning of the materiality of the lived experience of a hospital, the project may leave traces and hints and therefore have an impact. The novelty of this project lies in its exploration of alternative ways of seeing and experiencing the built environment. Moving beyond conventional architectural analysis, this research adopts embodied, phenome-

nological approaches to reveal the subtle yet important ways in which architecture influences our experience of the world.

By attending to the poeticism and the in-betweenness of these experience, the project seeks to analyse different approaches to understanding spaces of illness and mortality, highlighting the affective, atmospheric, and embodied dimensions of these spaces. Rather than providing definitive answers, my aim is to evoke feelings, thoughts, and understandings that stimulate the mind towards a different way of thinking about the relationship between architecture, illness, and mortality.

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