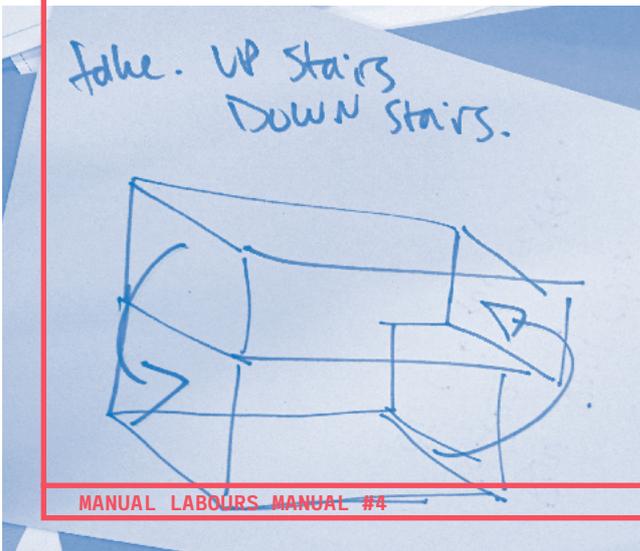




BUILDING AS BODY



**A Handbook
for Investigating
Your Workplace**

c.32 days Manual Labours working in Nottingham (workshops, meetings, interviews, performances)

c.20 members of staff involved in the workshops (c. 10 ½ days over 2 years)

c.60 days administrative support from Nottingham Contemporary staff

c. 2 years duration (November 2016 - November 2018)

c.40 days Manual Labours working off-site

c.18 days working on the Manual

c. 10.5 hours of audio recordings

Income	£
Nottingham Contemporary Public Programmes (restricted funds from Nottingham Trent and University of Nottingham)	6120
Birkbeck / Wellcome Trust Institutional Strategic Support Fund (ISSF) [for the Wandering Womb]	2500
TOTAL	8620
Expenditure	
Manual Labours fees	2400
Travel	384
Manual Print and Design	1500
Gallery Assistants commission	1000
Launch event	500
Wandering Womb initial designs	116
Wandering Womb design and construction	2500
Contingency	220
TOTAL	8620

Plus lots of support in kind from Nottingham Contemporary staff and Manual Labours

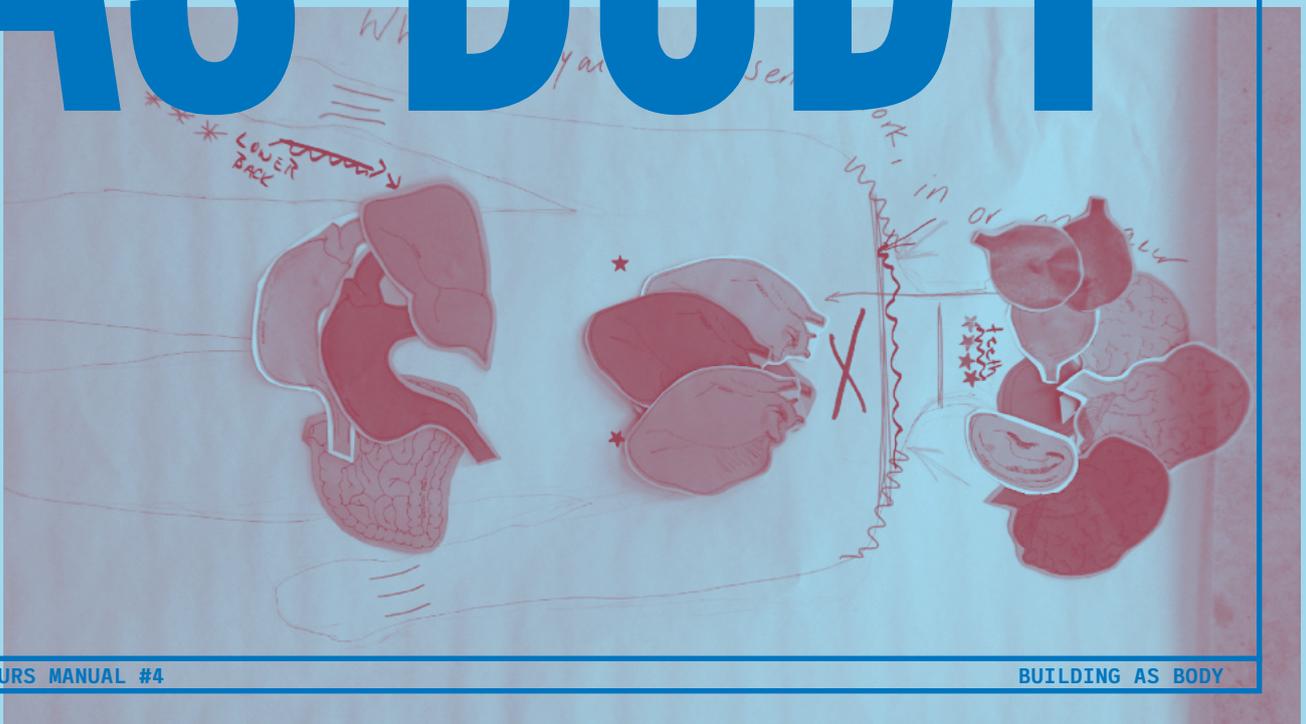
*Our expenditure for actual spending since writing this budget has increased for the production of the Manual and the Launch event. Also budget for travel and accomodation was not covered in Year 2 of the project. Manual Labours supplemented these costs with their personal money.

**All future income from sales of the Manual go back into the Manual Labours project and touring of the Wandering Womb.



**A Handbook
for Investigating
Your Workplace**

BUILDING AS BODY



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For you to carry out in your workplace.

To put up in your workplace!

Welcome to the 4th Manual Labours Manual:
[Building as Body: A Handbook for Investigating Your Workplace](#). As the title suggests this is a resource for you to read and use when considering your own workplace, whether entering it as a freelance worker, agency staff, on a zero-hour contract, or as a salaried employee.

We hope you might find this alongside your staff handbook, or in your staffroom (if you have one). Maybe it is something you might take home to discuss with friends and colleagues, use at union workshops, share at your community centre or email around your colleagues to discuss on your lunch break. We hope this manual could be sent to your boss and the agency staff employed at your workplace to encourage collective conversations about work.

It is important to note that the content of the Manual has been gathered from workshops and interviews between Manual Labours (a long-term research project led by Sophie Hope and Jenny Richards exploring physical and emotional relationships to work) and staff of an arts centre, but is a partial picture of a large organisation. The content here has been dependent on those who have been able to attend the workshops which has largely been staff who are not part of the management team of the organisation. Thus, the manual offers a perspective of an organisation from those looking up the hierarchy, a bottom-up discussion on how workplaces and their structures affect working bodies. The content has been edited by Manual Labours into a series of sections, so rather than reading this chronologically you can use the contents page or, [The Anatomy of the Building as Body](#), to delve into the areas that connect to your experiences. Don't miss where we share suggestions for workshops that you can carry out yourself!

This is edition #4 of Manual Labours' Manuals and is titled [Building as Body](#) and is written from the perspective of the building-body. This particular building-body is a publicly-funded arts centre located in the UK.

INTRODUCTION TO THE BUILDING AS BODY

MAPPING THE BUILDING AS BODY

Over the last 2 years (2016-2018) I have undergone a series of investigative procedures by Manual Labours, and the staff who work within me. We have built collective tools through workshops, performances, presentations and collages to help us explore and investigate how I function, what my ailments might be and how these ailments are having an effect on the people who work in me and in turn, how they are affecting me (see the timeline in this section for more information).

The focus of these procedures has been my internal operations, rather than my exterior public face. This makes a change because as a public organisation most of my energy is spent on keeping up my public profile and providing activities for the public. During my two year treatment we have been looking into the ways in which buildings and bodies are fluid ecosystems which affect each other. Following this scrutiny of my inner workings, Manual Labours have produced this Manual so that other building-bodies might undergo a process of examination, lead by the staff who work within them. While I function as a publicly funded art centre, this Manual shares methods and findings that can be of use to all sectors and workplaces from small organisations to bigger institutions. It is hoped that these investigations can lead to changes in my operations

“Merely showing interest in the opinions of employees is highly motivating.” (Keedwell, 2017, p.252)

“For the master’s tools will never dismantle the master’s house. They may allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change.” (Lorde, 1984, p.112)

and structures to bring about a better workplace for the staff that occupy me. These kinds of investigations can be seen as a form of institutional analysis in which my structures and operations are reflected upon. In this Manual you will find both the word ‘organisation’ and ‘institution’ in which organisation refers to my specific body, whilst institution refers to both the wider network of sibling workplaces I connect to and the established logic that governs many contemporary workplaces.

“What body system would you connect to your work?” (Manual Labours)

STRUCTURE OF THE MANUAL

Central to these investigations has been a process of mapping body systems onto my building and my operations so we can understand the different ways that I currently work or those parts of me that don’t. The first chapter starts with a series of exercises to help you to get to know how I am organised and the different areas and actors within me. To delve deeper into identifying problematic areas, a number of check-ups on my different body systems were encouraged, followed by the naming and diagnosing of problems, alongside proposals for remedies.

Through these initial observations, three systems revealed their need for a more rigorous study: the circulatory, digestive and social reproductive. The second chapter focuses on my circulatory system where staff get to know the power relations that flow between the structure of the organisation and the job roles people work within. The different working conditions of different job roles (both material and physical), have been affecting fluid circulation. This chapter listens closely to work carried out by the Gallery Assistants who must move throughout my body and the blockages they encounter. The third chapter analyses my digestive system, a real area of discomfort for me, and includes spaces such as the staff open-plan office, the basement and storage areas. A series of

architectural endoscopies offer different methods of accessing the infrastructural areas of my body most people can't reach. The fourth chapter presents proposals and findings from investigations into my social reproductive system, an increasing area of struggle. The chapter begins by identifying where my social reproductive organs are, followed by a more thorough hysteroscopy, a discussion on period pains, and a revealing (and I must say quite cathartic) meeting with my maker, one of my original architects. It is important to say that my social reproductive struggles are not centred around the possibilities I have to conceive, or bear offspring, but rather my social reproduction. That is all the backstage work that enables me to open the doors of the galleries for the public, so that I can put on public events and provide visitors with a safe, welcoming space to learn, experience and engage. It will be noted that my social reproductive system represents that of a biologically identified female, however, my body resists identifying as a woman. Rather the biological traits of the female reproductive system including the vagina, womb and ovaries are explored as spaces which resist the historically dominant patriarchal relation between the male anatomy and architecture. Consequently, the heart and brain are not explored in this partial study and Manual. Rather, what is presented here, is a queer collection of organs that reveal challenging working conditions and their power structures. The final chapter consolidates what we've learnt from these experiences, what effect the treatment has had on me and presents some ideas for collective remedies to change the workplace. These include collectively developing a health assessment of your workplace, carrying out a colonoscopy, and doing

"Woman not only has been displaced / replaced at a general social level throughout the history of architecture, but more specifically at the level of body and architecture." (Agrest, 2000, p.359)

a well-needed collective poo. In an attempt to support the growth of my social reproductive system we propose making a Wandering Womb mobile staff room and kitchen for your workplace.

"... office buildings were important sites where gender was materialised, not just in relationship to masculine management, but also in relation to technologies, from filing cabinets to video display terminals... conflicts over what it meant to be an office worker were built into the air conditioners and paper trails of office buildings." (Murphy, 2006, pp.35-36).

My exploration has been underpinned by feminist architectural theory, social reproduction theory and sick building theory, which have informed the collective methods for my check ups, mappings, and the examination beneath my surface and skin. It's been painful at times, raising difficult conversations between those working across different body systems, but I feel I now have a better sense of my areas of need and I hope those doing the investigating do too. This has been made possible because I have been willing to let those who work within me investigate my inner workings, and because those who have chosen to do the investigating care deeply about how I grow, fitting this around their busy schedules. This has been a collective endeavour which has at times blurred the hierarchies between patient, consultant, doctor, expert and caregiver. I recommend other building-bodies, no matter their shape, size or seemingly healthy composure allow their staff to take stock and examine their own working environments on all sorts of levels and depths. Some building-bodies and some staff may be less able to take the risk of performing these procedures and dealing with the consequences, so I recommend a supportive environment to take care of everyone involved. There are often undiagnosed conditions hidden beneath our exteriors and it can take different approaches and expertise to find these things out.

Quote from the facilitators of these investigations, Manual Labours (Sophie and Jenny):

"We want to carry out a health check of the building as body as a way of making publicly visible the type of (social reproductive) work that goes on inside to keep the body alive. By exploring the anatomy of the building in terms of its different body systems we want to see where the building is hurting, blocked-up,

suffering, sore, seeping, and flourishing... As part of this health check we are investigating previous explorations into the building as body to help us on our way. This is a messy journey. As researcher-practitioners it is hands on and and we spend much time within the body to see what we find, with the patient's consent, of course."

MY BACKGROUND

I opened in 2009 following an extensive period of planning, fundraising and consultation. I was one of the last of my kind – an ambitious public cultural institution built using Arts Council England lottery-funded capital grants and other funding during an era of pre-austerity cultural regeneration. The 2008 economic crash put paid to that. A number of other flagship projects sadly died soon after opening, some due to unsustainable running costs. For example, Sheffield's National Museum of Pop Music closed in 2000, the National Centre for Visual Arts Cardiff closed in 2000, Bradford's National Faith Centre, Life Force closed in 2001 and The Public in West Bromwich closed in 2013. Somehow I've managed to carry on, despite the difficult financial times I'm living through. All past and present employees, zero-hour workers, volunteers, agency staff, managers, fundraisers and trustees, work hard to keep me alive. I do not own my own body. The public cultural organisation that keeps me alive rents my building-body from my owner, the local council. Since my birth I have, like many other public institutions, had to navigate new pressures with respect to funding and long-term sustainability. As a result, parts of me originally reserved for staff and internal activities have been given over to commercial hires in order to create more revenue, putting pressure on the space for my social reproductive system.

I grew up in the Lace Market, an area formerly dedicated to machine-made lace which was one of the main industries of 19th Century Nottingham (a legacy that inspired my architects to imprint lace work up on my outer skin). Now,

luxury apartments, offices and cultural institutions such as myself form a new layer of employment in the city, forming part of the City Council-led 'Creative Quarter'. The physical effects of the lace making on the hands, backs and eyes of those who operated the machines, dyed the lace and mended the lace, reminds us to ask what suffering and physical imprint does the work necessary to run a cultural organisation have on bodies and the environments they occupy today? Just as the success of the lace industry was connected to a whole network of exploitation and colonial rule, what kind of labour and exploitation is the cultural sector reliant on? What effect does work have on bodies at all levels of my organising and production? I am a public organisation so I have contact with many other bodies that enter my anatomy. The feminist theorist Elizabeth Grosz suggests that, "the city is an active force in constituting bodies, and always leaves its trace on the subject's corporeality" (Grosz, 1992, p.250-1). How then might I "actively produce the bodies of [my] inhabitants as particular and distinctive types of bodies, as bodies with particular physiologies, affective lives, and concrete behaviours?" (ibid, p.250)

"The building appears larger on the inside than outside, since much of its north end is sunk into the sandstone cliff that runs the length of the city centre. At the same time the building is unusually transparent: large windows offer direct views from the street into the galleries, shop, café and offices." (Nottingham Contemporary Website)

The researcher Michelle Murphy (1998, 2000, 2006) explores the history of 'Sick Building Syndrome' and its link to the women office workers' movement in the US. In the office, unlike the factory, disease or illness had to be proved rather than believed: "there was no 'disease' associated with office work... Thus, the women office workers' movement had to offer an alternative version of how workplaces might affect bodies." (Murphy, 2006, p.59). Taking inspiration from Murphy's work, Manual Labours, together with members of staff, have been looking behind my scenes to find out what it is like to work in my body. Rather than focus on the public facing aspects of the architecture or what the public think of the organisation (which

is often prioritised in publicly funded organisations), Manual Labours worked with the staff that work within me to explore the physical, material details of my body and if and how these affect their experiences of work. How does the physical environment contribute to the subjectivities of staff who work within my walls? How does the commercial hiring of meeting rooms, overflowing cupboards and heavy fire doors make staff feel, behave and relate to each other? How and why are staff complicit in reproducing the conditions that are the source of their/our complaints?

THE METAPHOR

The metaphor of building as body allows me to be explored in new ways, offering a new language for how to speak of my ills. Feminist Audre Lorde encourages us to find new languages to undergo this form of institutional analysis. Here, the metaphor provides a productive poetry that enables the workers within me to share their feelings and experiences that haven't yet had public space to breathe. Some parts of my body may appear healthy to some workers, but under closer scrutiny there are some underlying problems, while other parts of the body are living with chronic, ongoing pain. To use the metaphor of the building as body does not mean I conform to the normative idea of a human body – often an able-bodied, white, male, slim, good-looking, healthy. Rather my body is assembled and contingent upon which parts of the body which are under investigation, and who is helping my exploration. This also means my gender can shift as my spaces are producing their own sexuality and gender.

In one of the workshops staff discussed how the architect and writer Jennifer Bloomer explains how “the metaphor of the body has persisted as a ruling paradigm throughout the history of Western architecture, but generally this

has involved the image or figure of the [white] male body, not an analogue of the body as a messy assemblage of flows, both material and immaterial” (Bloomer, 1992, p.15). Bloomer, alongside other feminist perspectives on buildings as bodies, discusses the important fluid interplay between the building-body and the experiences of occupying and using them. These examinations generate a critique of the building as body at all levels, not losing sight of the structural inequalities on which institutions like me are originally built. Who am I, and these institutions built for and why? Which class, gender and race of bodies are employed in bodies like me and how much is their work valued and visible?

Architect Helen Hills uses metaphor to compare the convent to the body of the aristocratic female virgin nun in early modern Europe. She uses the fluidity of the metaphor to enable the body to become the building and vice versa. As such, architecture becomes “the site of permanent battle, of deliberate and inevitable ambiguity” (Hills, 2000, p.73). Hills also states how it is important not to just “collapse the built environment into metaphor alone” (ibid). This is a concern that those collectively investigating my body share. My metaphor needs to be useful to those working here. It may slip in and out of focus but is a playful way of keeping the relationship between bodies and the material aspects of my body (the lighting, heating systems, fridge door, windows) active, vital, dynamic and inter-related. Drawing on Hills, this investigative process could be one step in a movement towards some kind of concrete change in my body (however small). So, rather than medicalising elements of my operations, and finding quick fix drugs, the hope is to see beyond the metaphor to the social structural roots of these struggles. Another book used in my investigations is Susan Sontag's 'Illness as Metaphor' in which she states that 'Illness reveals desires of which the patient probably was unaware' (Sontag, 2009, p.43-44). We hope that through my

analysis you can find out what unheard desires speak from my body and workers, and what change we can push ahead.

SOCIAL REPRODUCTION AT WORK

A key issue that has emerged through the investigations of my body is my social reproductive system and my areas for social reproduction. Areas of social reproduction for staff, such as spaces for resting, caring, grooming, pooing, eating, chatting and smoking, including the cafe, bench, toilet, kitchen, staff room, desk and storage room are needed to sustain the worker. Social reproductive labour is the process of maintaining bodies and spaces and might be carried out alone or with others. It is the foundation upon which all other work is possible. However, this work is often unpaid, and the spaces necessary to carry out social reproductive labour are often invisible or overlooked. Social reproduction theory questions how and who maintains workers so that they can continue to work. While the focus is often on the domestic, private spheres of care needed to reproduce a healthy and efficient workforce, examinations of my body have focused on the workplace as equally crucial to the social reproduction, maintenance and care of the worker. And thus the workplace can be seen as an expanded site of feminist social reproductive struggle.

Where is the space and what time is taken for care, eating, relaxing, re-energising? Who has access to these activities? How are they paid for? How seriously are they taken? Social reproductive labour within my body can be considered at the level of the individual worker, concerning how and where they are taking time to reproduce themselves, i.e. in coffee breaks, loo breaks, lunch breaks, computer screen breaks, staff socialising. It can also be considered at the bodily

“[These] spaces are designed for [the] public not workers” (Staff member)

level. How am I cared for and reproduced as a functioning space where productive work can take place? Who cleans the office, cleans the toilets, washes up, waters the plants, turns off the lights, pays the electricity bill, makes sure the heating works, unblocks the sewage system, updates the computers, listens to staff complaints, organises staff socials? How are these jobs taken care of and what are the conditions of care?

“No society that systematically undermines social reproduction can endure for long. Today, however, a new form of capitalist society is doing just that. The result is a major crisis, not simply of care, but of social reproduction in this broader sense.” (Fraser, 2016)

The need to increase awareness of the health of workers within building-bodies can be seen in the attention given to mindfulness and wellbeing-at-work programmes. Investigations of my body have found, however, that inadequate physical spaces for social reproduction can have detrimental impact on the workers' ability to care for themselves and each other, making it difficult for work to continue. Certain staff areas of my social reproductive system are felt to be overlooked, inadequate, poorly maintained or non-existent and this is having an effect on me, staff health and our general wellbeing. The focus on my body and many of my siblings is often almost entirely on productivity (the seemingly endless production of public events, exhibitions, workshops, sales, hires), rather than the holistic social reproduction of my body itself.

“The amount of personal space available for work and storage has been identified as the most important influence over workplace satisfaction” (Keedwell, 2017, p.253)

Improvements to staff welfare, wellbeing and social reproductive systems are often justified in terms of increased productivity –

a happy worker is a more productive worker. Take a walk, do yoga, don't eat your lunch at the desk, get some exercise, go for an after work drink, have a staff lunch – these are all popular approaches supposedly to improve life at work which are sanctioned and promoted by managers, safe in the knowledge that workers will take fewer sick days and get more done on the same pay. Indeed, I have heard in

other institutions that some of these extracurricular self-care activities, whilst optional, form part of staff performance reviews.

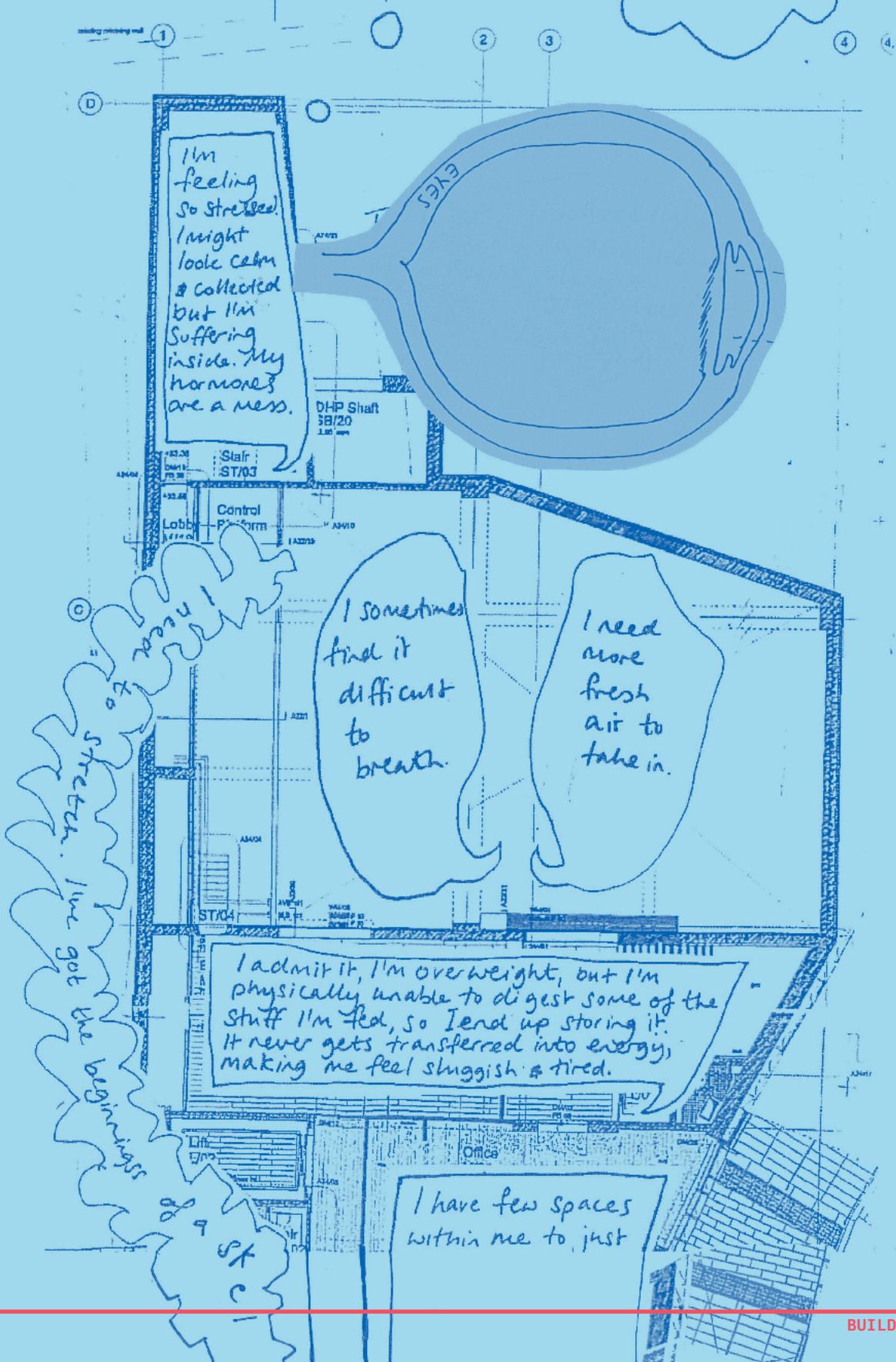
My investigation can be seen in a wider context and climate of increasing job insecurity, in which, staff are obliged to perform self-care and gestural social reproductive labours at work, in order to keep their jobs, despite the added pressure and work this entails. The problem with these initiatives is that they often focus on the individual worker and don't necessarily acknowledge the broader structural conditions that my body can perpetuate, which cause the physical and mental strain in the first place. Systemic problems such as workload, institutional bullying and structural racism and violence should not be placed on the shoulders of the individualised worker. This Manual offers some suggestions and ideas as to how to explore these issues collectively and creatively in any work environment.

**"The morale of these office workers improved noticeably after they began to gather in the room frequented by other employees... the existence of convenient and comfortable places for conversation near individual workspaces may lead to the emergence of gathering places, especially in areas used for everyday activities such as eating lunch or receiving mail."
(Sundstrom, 1986, p.270)**

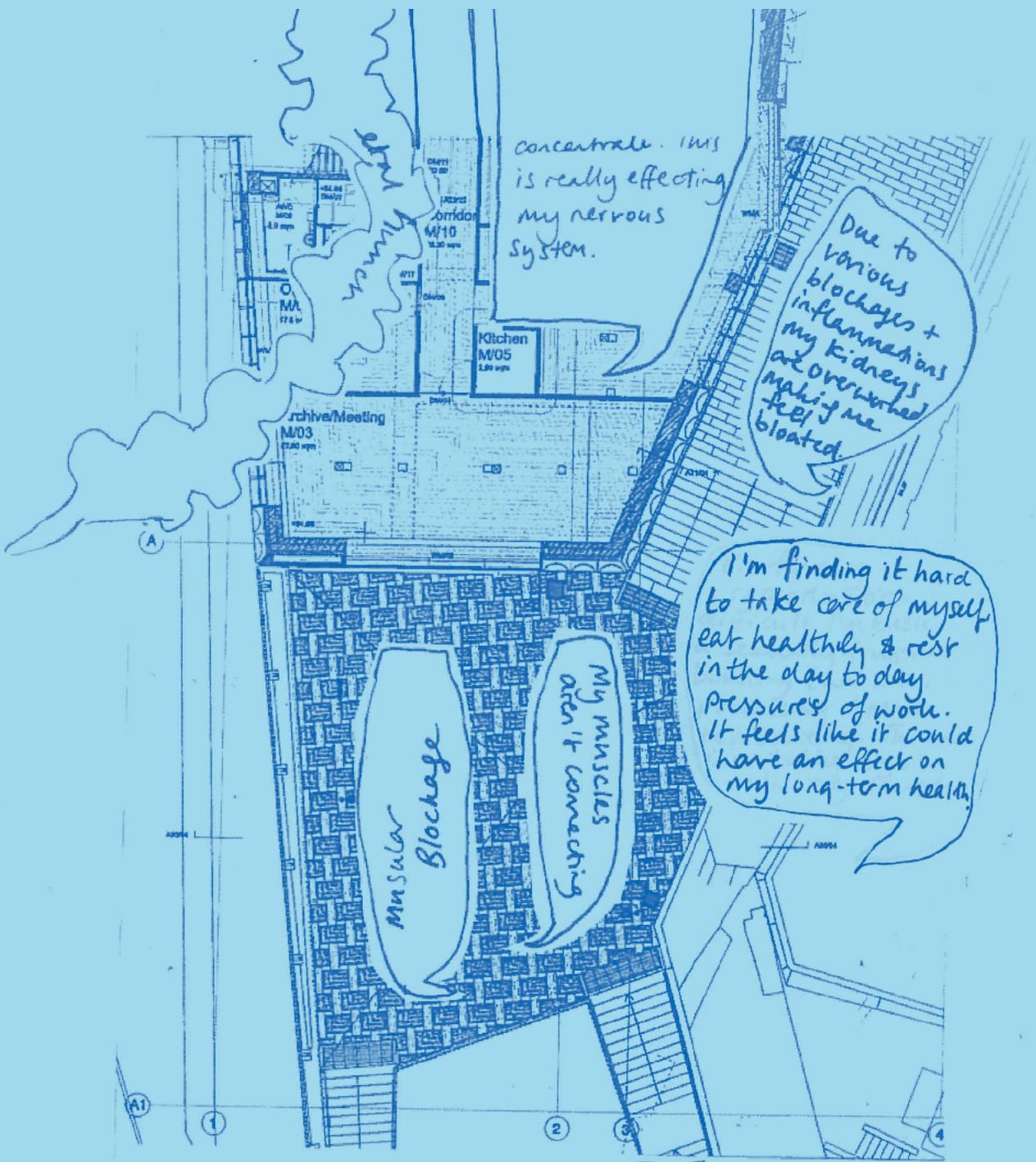
On behalf of my body and those that work within me, we hope that you enjoy reading, using and employing this Manual in your building-body workplace. By raising awareness of issues within the building-body you work in, through collective examinations, health assessments, workshops, and discussions (perhaps held at a Wandering Womb mobile staff room and kitchen), you can help contribute to the ways the staff and Governance of the organisation experience the environments they occupy. This can push for making new systems, organs and bodies that can rework our relationships to our building-bodies and each other.

MAPPING THE BUILDING AS BODY

I WANT HOMEOSTASIS



- CONTINUED ON NEXT PAGE



I'm feeling really backed up, we've got a real issue with storage here. I've got trapped wind. My galleries are cleared and cared for, are light + airy. The artwork is treated better than me!

My toes have been painted, but my heels are cracked.

MAPPING THE BUILDING AS BODY

TIME SHEET.

Trade _____

Name _____

Week
ending } _____

19 _____

21-23 November 2016: Manual Labours* are invited by the Public Programmes team to do an initial workshop with staff at Nottingham Contemporary to explore their physical and emotional relationship to work. Out of this came the idea of the building as a body. The group started to map body systems onto the building and visit different parts of the building to identify symptoms and then diagnose the conditions. This resulted in a series of health assessments drafted by the staff.

March 2017: Office Reconfiguration Working Group set up.

Jan-May 2017: In response to the health assessments a set of prescriptions was sent to staff along with first aid packages.

April 2017: Skype check ups with staff.

22-25 May 2017: Manual Labours site visit to Nottingham to do a public event at the gallery which involved a talk about the investigations to date and a performance of an architectural endoscopy of the building. Manual Labours facilitated a workshop with staff to discuss the prescriptions and start to develop ideas for a hysteroscopy of the building.

25 July 2017: Manual Labours site visit to Nottingham to meet with staff.

31 July - 5 August 2017: Manual Labours site visit to Nottingham to do one to one interviews with staff, including outsourced cleaners; facilitate a workshop with staff to develop ideas for a hysteroscopy of the building, particularly focusing on areas of social reproduction; Manual Labours get a tour of the basement and roof by the buildings and facilities manager; after work drink with staff.

27 October 2017: Manual Labours site visit to Nottingham to discuss the evolving health assessment with staff to present to the Board.

November 2017: Employee Forum set up.

6-7 December 2017: Manual Labours site visit to Nottingham to carry out hysteroscopy workshop with staff.

10 January 2018: Manual Labours site visit to Nottingham to meet with staff.

6 March 2018: Health Assessment Report included on the agenda at the Nottingham Contemporary Board meeting.

29 March 2018: Movement workshop for Gallery Assistants led by Maud Lannen and Olwen Davies.

25 April 2018: Manual Labours site visit to Nottingham to facilitate meeting between staff and one of the architects of the building they work in.

May 2018: Manual Labours do fundraising application to Birkbeck Wellcome Trust Institutional Strategic Support Fund to develop the Wandering Womb mobile staff room (which was successful).

28-30 June 2018: Manual Labours start making the Manual (in Stockholm).**

19 July: Manual Labours site visit to Nottingham for meetings with staff and designers.

August - September 2018: Designing and building Wandering Womb with Effy Harle and Finbar Prior; Manual Labours finish making the Manual.

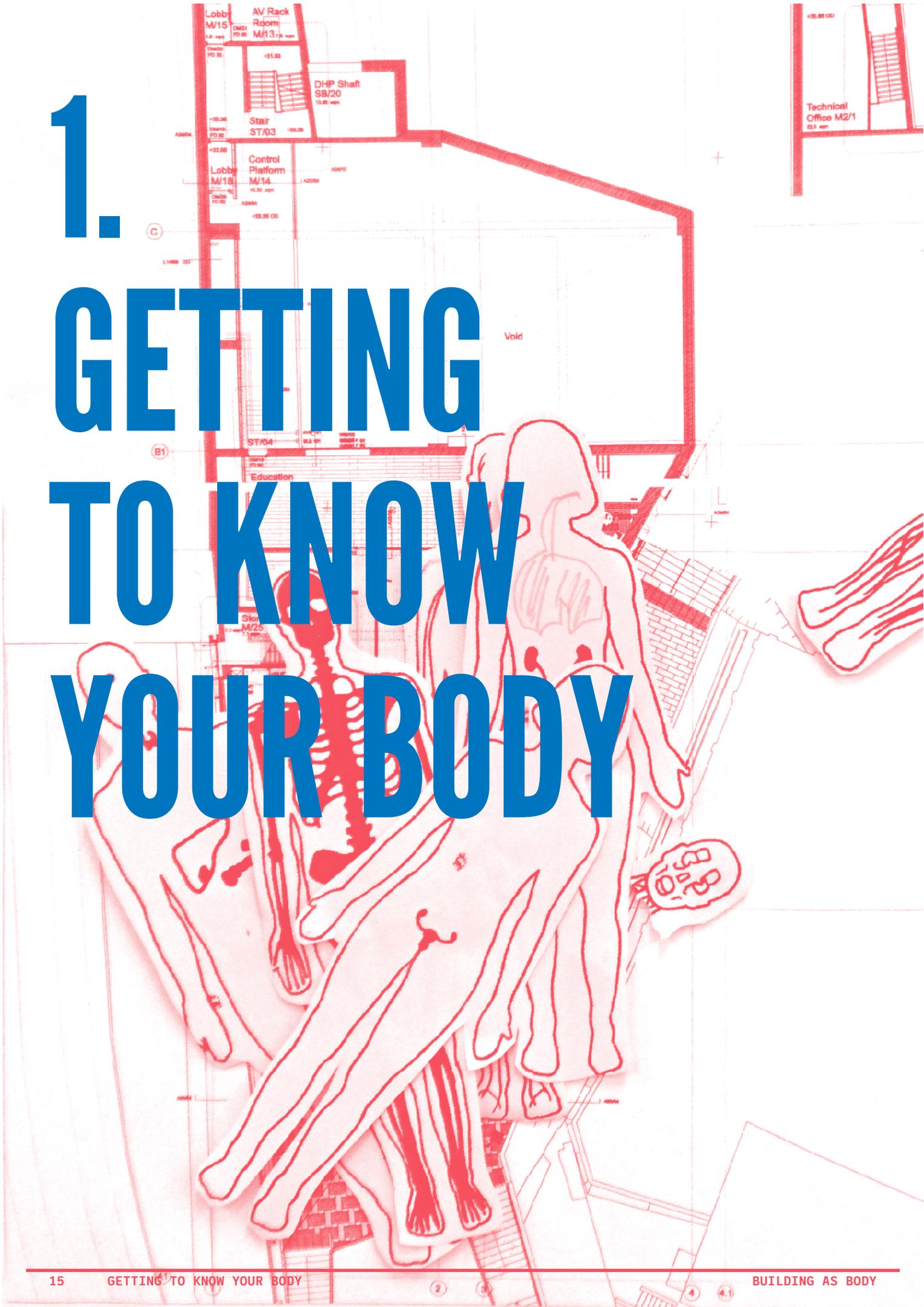
10 November 2018: Launch of Manual and Wandering Womb at Nottingham Contemporary.

THE BUILDING AS BODY TIMELINE

* Manual Labours are Jenny Richards and Sophie Hope. Jenny is carrying out a PhD and worked, at the time, at Marabouparken Konsthall in Stockholm and Sophie works full time at Birkbeck, University of London.. This project forms the 4th phase of Sophie and Jenny's practice-based research into physical and emotional relationships to work.

1.

GETTING TO KNOW YOUR BODY



“How do buildings affect the healthfulness of bodies?”

(Murphy, 1998, p.8)

“The building is built with bodies in mind; it becomes a prosthetic of the body, extending its functions... Buildings and bodies are caught up in one another, sharing themselves with each other, tracing each other’s contours.”

(Murphy, 1998, p.12)

“... maximising our exposure to sunlight should produce employees who are more engaged, happy and productive.”

(Keedwell, 2017, p.244)

MAPPING MY BODY

- INSTRUCTIONS**
1. Choose one of my body systems or body parts
 2. Start to inhabit that part of my body
 3. Become part of me.
 4. What are your characteristics?
 5. What is your role within my body?
 6. You have become that system, take a tour of my body from the perspective of your chosen body system.

The respiratory system is involved in the intake and exchange of oxygen and carbon dioxide between the body and the environment. Gas exchange occurs in the lungs.

The digestive system breaks food down into small molecules that are absorbed into the bloodstream it begins at the mouth and ends at the anus.

The human musculoskeletal system gives humans the ability to move using their muscular and skeletal systems. Its primary functions include supporting the body, allowing motion, and protecting vital organs.

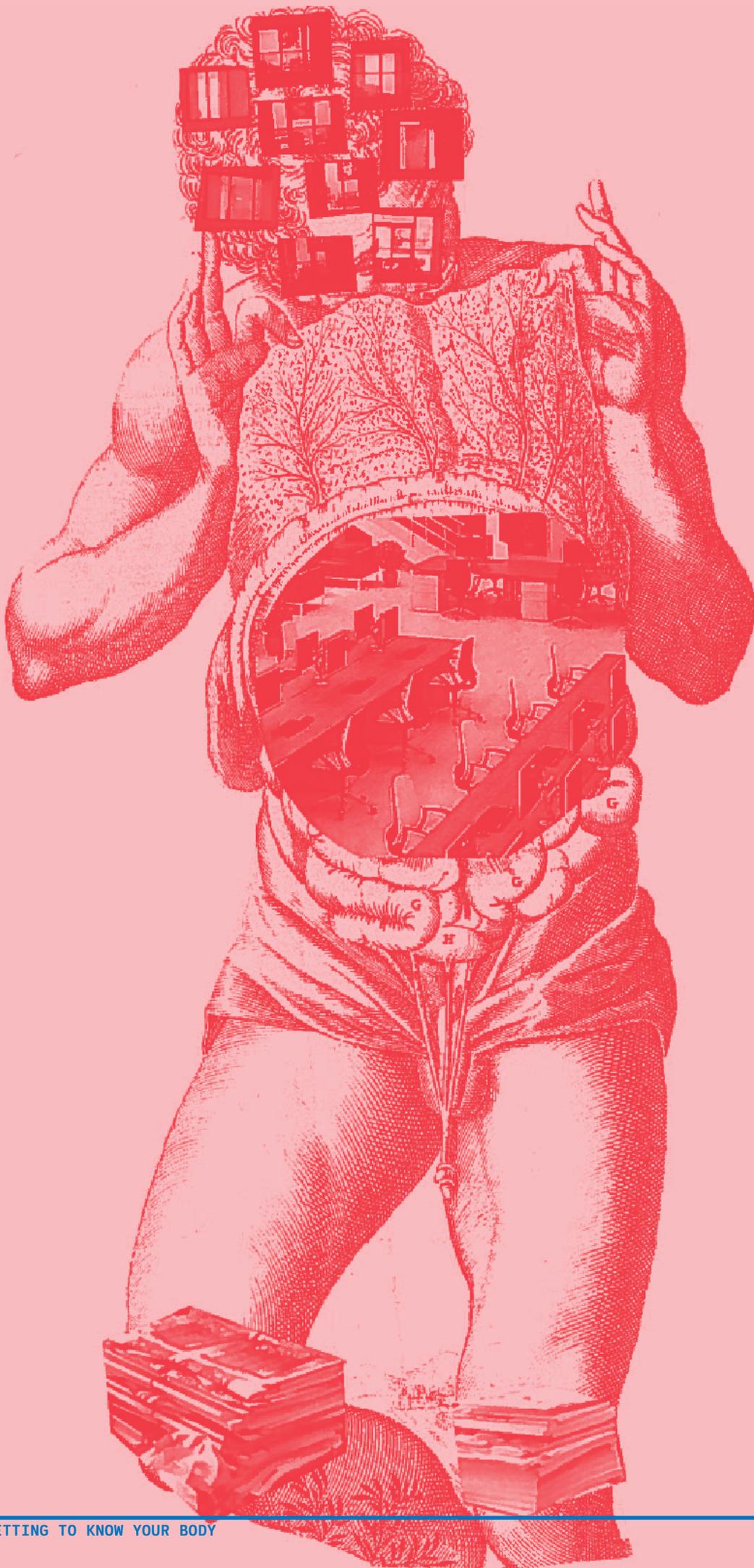
The circulatory system permits blood to circulate and transport nutrients to and from the cells in the body to provide nourishment and help in fighting diseases, stabilize temperature and pH, and maintain homeostasis.

The endocrine system influences almost every cell, organ, and function of our bodies and plays a role in regulating mood, growth and development, and reproductive processes. The endocrine system influences almost every cell.

The nervous system is a complex network of nerves and cells that messages to and from the brain and spinal cord to operate various parts of the body.

The urinary system eliminates wastes from the body, regulates blood volume and blood pressure, controls levels of electrolytes and metabolites, and regulates blood pH.

The Reproductive system is a system of sex organs (both internal and external) that work together for the purpose of sexual reproduction.



MAPPING MY BODY



HEALTH ASSESSMENT

MANUAL LABOURS: MEDICAL RECORD
HEALTH ASSESSMENT - BUILDING AS BODY.

NATURE OF CASE:	
LOCATION:	
BODY SYSTEM: (Tick all that apply)	<input type="checkbox"/> SKELETAL <input type="checkbox"/> MUSCULAR <input type="checkbox"/> NERVOUS <input type="checkbox"/> DIGESTIVE <input type="checkbox"/> RESPIRATORY <input type="checkbox"/> CIRCULATORY <input type="checkbox"/> ENDOCRINE <input type="checkbox"/> URINARY <input type="checkbox"/> REPRODUCTIVE
DESCRIPTION OF AILMENT: Including any symptoms	
DIAGNOSIS (What is the possible cause?)	
PROGNOSIS (How might it progress?)	

1. Hopefully you are now familiar with my internal workings and have identified which parts of my body are entwined with the building you work in.

2. Next, I want you to perform a health assessment on me. Use the form below to help you.

3. Identify what my ailments are, their location, a description and symptoms I am expressing.

4. In discussion with your peers, try and diagnose my problems: what might be the possible cause of my ailments and what is the prognosis if we don't treat it?

INSTRUCTIONS



HEALTH ASSESSMENT

MANUAL LABOURS: MEDICAL RECORD
HEALTH ASSESSMENT - BUILDING AS BODY.

NATURE OF CASE:	open plan office
LOCATION:	office
BODY SYSTEM: (Tick all that apply)	<input checked="" type="checkbox"/> SKELETAL <input checked="" type="checkbox"/> MUSCULAR <input checked="" type="checkbox"/> NERVOUS <input checked="" type="checkbox"/> DIGESTIVE <input checked="" type="checkbox"/> RESPIRATORY <input checked="" type="checkbox"/> CIRCULATORY <input checked="" type="checkbox"/> ENDOCRINE <input checked="" type="checkbox"/> URINARY <input checked="" type="checkbox"/> REPRODUCTIVE
DESCRIPTION OF AILMENT: Including any symptoms	<ul style="list-style-type: none"> - disorder - cacophony - lack of privacy & individual space - being watched - lack of concentration - bad working conditions
DIAGNOSIS (What is the possible cause?)	<ul style="list-style-type: none"> - bad design -
PROGNOSIS (How might it progress?)	the problems are growing



HEALTH ASSESSMENT

MANUAL LABOURS HEALTH ASSESSMENT - BUILDING AS BODY ^{implications}

NATURE OF CASE:	Overweight, out of shape chronic weight gain not consistently spread across the body ^{some muscles exercised - others out of shape}
LOCATION:	Sheds, office, basement.
BODY SYSTEM: (Tick all that apply)	<input checked="" type="checkbox"/> SKELETAL <input checked="" type="checkbox"/> MUSCULAR <input type="checkbox"/> NERVOUS <input type="checkbox"/> DIGESTIVE <input checked="" type="checkbox"/> RESPIRATORY <input checked="" type="checkbox"/> CIRCULATORY <input type="checkbox"/> ENDOCRINE <input type="checkbox"/> URINARY <input type="checkbox"/> REPRODUCTIVE
DESCRIPTION OF AILMENT: Including any symptoms	
DIAGNOSIS (What is the possible cause?)	Broken cafe furniture takes up a lot of basement space, yet other useful things just thrown away - lots of wastage. Storage cupboards in sheds not quite fit for purpose. - not useful
PROGNOSIS (How might it progress?)	Hunched over, limping along. carry up all ^{the} unnecessary weight and not using the bits we do need.

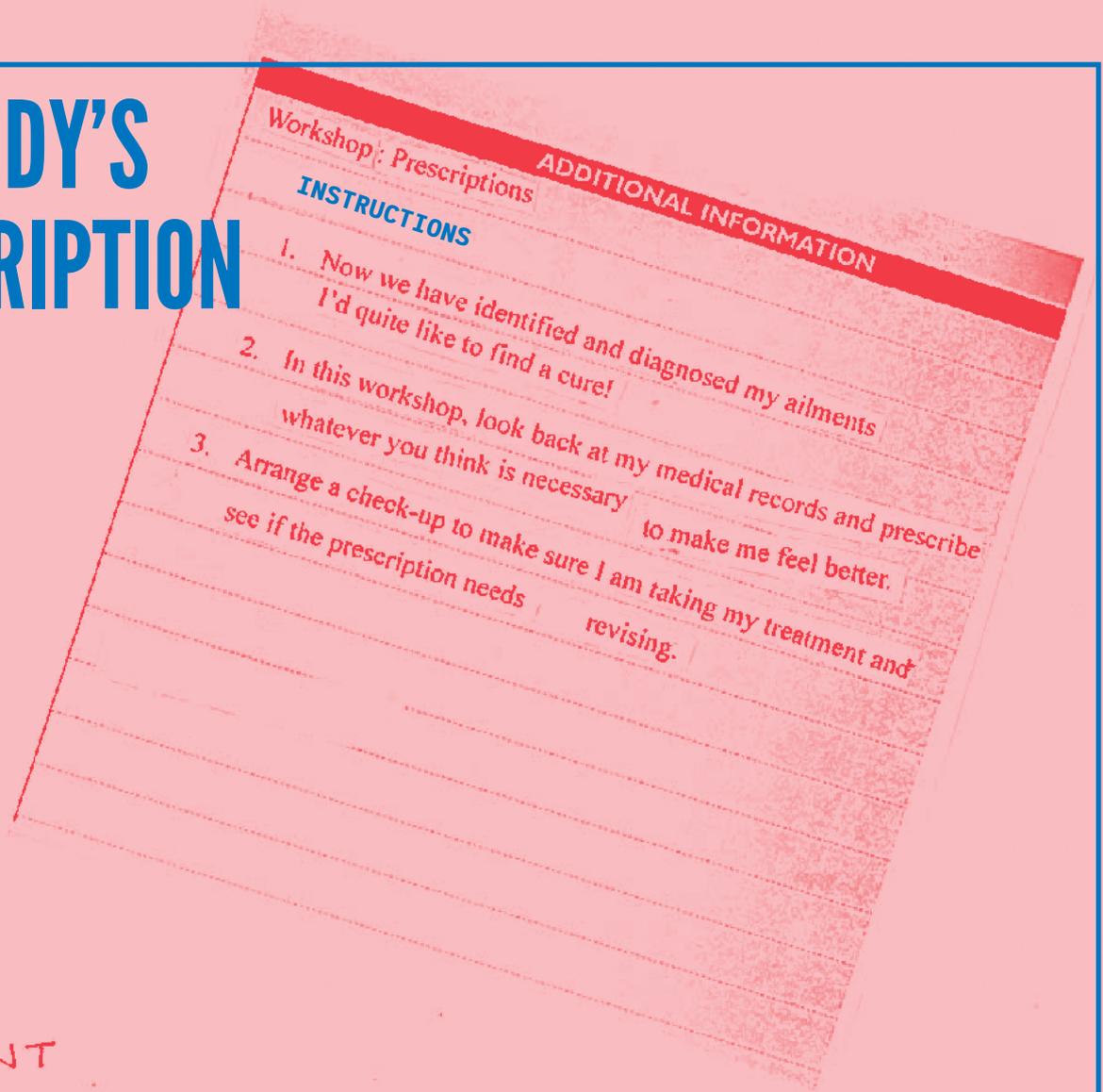


HEALTH ASSESSMENT

MANUAL LABOURS: MEDICAL RECORD
HEALTH ASSESSMENT - BUILDING AS BODY.

NATURE OF CASE:	SKELETAL
LOCATION:	GREEN ROOM / "STAFF ROOM"
BODY SYSTEM: (Tick all that apply)	<input checked="" type="checkbox"/> SKELETAL <input checked="" type="checkbox"/> MUSCULAR <input type="checkbox"/> NERVOUS <input checked="" type="checkbox"/> DIGESTIVE <input checked="" type="checkbox"/> RESPIRATORY <input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> URINARY <input type="checkbox"/> CIRCULATORY <input type="checkbox"/> ENDOCRINE <input type="checkbox"/> REPRODUCTIVE
DESCRIPTION OF AILMENT: Including any symptoms	LACK OF HEATING, <u>WINDOWS</u> , REFRESHMENTS DOESN'T OFFER A "NICE SPACE" TO HAVE CONVERSATIONS OVER LUNCH TIME OR BREAKS.
DIAGNOSIS (What is the possible cause?)	A STAFF ROOM WASN'T INCLUDED IN THE BUILDING PLANS SO A GREEN ROOM/ CHANGING ROOM HAS BEEN RE-PURPOSED AS STAFF ROOM NOT FIT FOR PURPOSE SPACES DESIGNED FOR PUBLIC NOT WORKERS
PROGNOSIS (How might it progress?)	LACK OF VITAMIN D IN WORKERS WHO WILL BECOME APATHIC AND WITHOUT ENERGY AS WELL AS BEING ALIANATED FROM ONE ANOTHER.

THE BODY'S PRESCRIPTION



AILMENT

The open-plan office environment is

having a slow, degenerative effect on the building, affecting levels of concentration and exhaustion. Inefficient communication leads to over exertion of the nervous system.

DIAGNOSIS

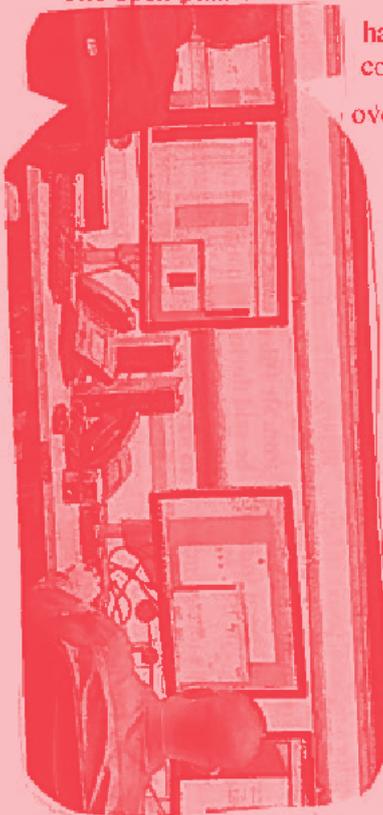
These symptoms could be caused by lack of privacy and individual space. Constant distractions expose people to more noise and therefore increased stress levels, making them more vulnerable to illness. The open plan design could also make it easier for viruses to spread from one worker to another

PRESCRIPTION

At times of intense over stimulation wear visor and earmuffs.

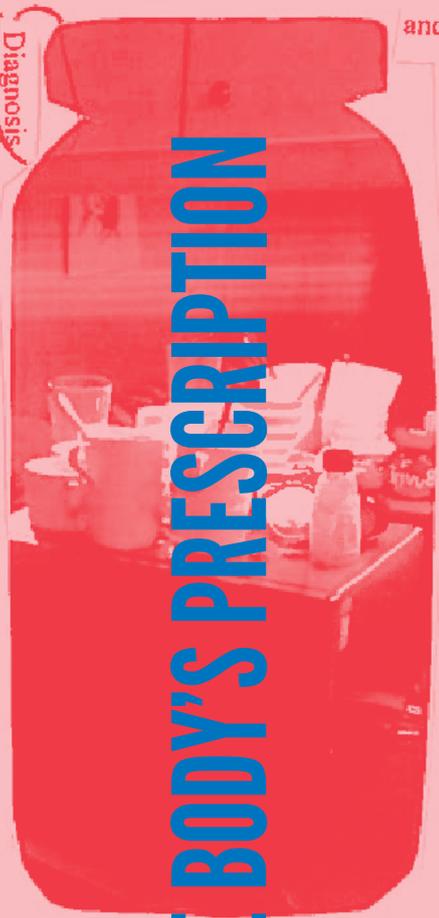
With outside mediator set up pop-up quiet tent in office to aid concentration.

Set up 'out of office' email signature to provide relief to over communication. Set up a communal notice board in the kitchen that is regularly updated with practical building information.



Prognosis
 If left untreated this could lead to severe social reproductive problems, leaving the body unable to continue its current activities.

and
 for social reproductive activities. These include exercising, eating, resting, socialising with other staff and colleagues.



THE BODY'S PRESCRIPTION



Diagnosis

The cause of digestive pain and blockages could be down to some areas being neglected (basement, cupboards) while other areas are tended to, cleaned and looked after more regularly (e.g. gallery / pub spaces). Materials are discarded, dumped, rather than recycled and reused in these forgotten spaces behind the scenes. There is a lack of interest in the social aspects of work and the spaces needed for this. For healthy building, materials need to be broken down, absorbed into the bloodstream and re-distributed around the building. It could be that the building is intolerant to some materials and is therefore physically unable to digest them. High levels of stress can also lead to digestion problems. Intolerance of certain foods / objects that are not possible to digest. Stress can also cause digestion problems.

Diagnosis
 The cause of pain and discomfort is likely to be due to a lack of space

Prescription

Take more care of reproductive organs (areas) to highlight their importance. Give them more space to fully function by removing blocked access from one organ to another. Do an inventory of the number of blockages (doors) to pass through from one reproductive area to another. Find out the annual budget spent on staff hospitality and cleaning. Make this available on the staff notice board. Gather facts on how the building is reproduced (cleaned) how often and who does it. Every month have a special relaxing period on staff hospitality and cleaning. Take more time in the consumption of food and clean water to feed (socialise) to rejuvenate the organs. Take more time in the consumption of food and clean water to feed the organs with all the nutrients they need.

Prescription

Identify intolerances - what is the building allergic to?

Refocus attention on the neglected areas, photograph irritations around the building where rashes, scratches and vomit occurs. Regular attention (e.g. massage) to the digestive tract - take longer than necessary in the toilet. Set up temporary kitchens, with portable microwave in other parts of the building. Set up pot-luck lunch, cooking teams with other colleagues to stimulate digestion. Perform colonic irrigation of the basement area - cleanse. Move some of the broken, waste material up to other areas of the building. A purge of the waste products to be worked on long term basis with colonic mediators. Work with outside mediator to discuss with Board the responsibility for digestive area.

THIS BODY'S RESPONSE TO THE TREATMENT

I gave you permission to enter my body. I wanted this check-up as I've not been feeling well. I wanted you to investigate the different parts of my body as I wasn't sure and I am still unsure where the problem lies. From your initial investigation, you have identified a number of problems, such as:

- Blockages in the digestive system
- Feelings of physical awkwardness
- Upper abdominal pain, nausea, vomiting, heartburn, or difficulty in swallowing
- Inflammation, infections, tumors, ulcers
- Swellings around the ducts in the building where secretions occur

You ran a series of tests and endoscopies, some of these results remain inconclusive and I am not clear what is to be done. I have tried various treatments that you have prescribed. Some of these (such as the humidifier and sun lamp) have provided some short term improvements, but I fear the underlying problems still exist. I am pleased you are taking an interest in my complex body, but there seem to be some parts of my body that resist treatment. While my bones may ache, my brain still thinks it can work overtime. My muscles are tired but rather than rest, I seem to keep going.

Part of the healthcare you offer alongside the biological examination is being there to listen to my body problems. You offer a good space for listening, but I continue to find it hard to articulate unknown problems in words. How can I express something that I don't understand the root of? How can I convince you there is something worth

exploring when I know you don't have any solutions? Are you more of a placebo for me than a medical consultant?

I've also been reading a lot about medical relationships and the hierarchies between the patient and doctor. You, the consultants, are good at making me feel like the power is diffused somehow but those relations still exist. And whilst I don't feel well I am wondering if this is something I have to live with? Does it become a chronic condition that I need to find ways to cope with?

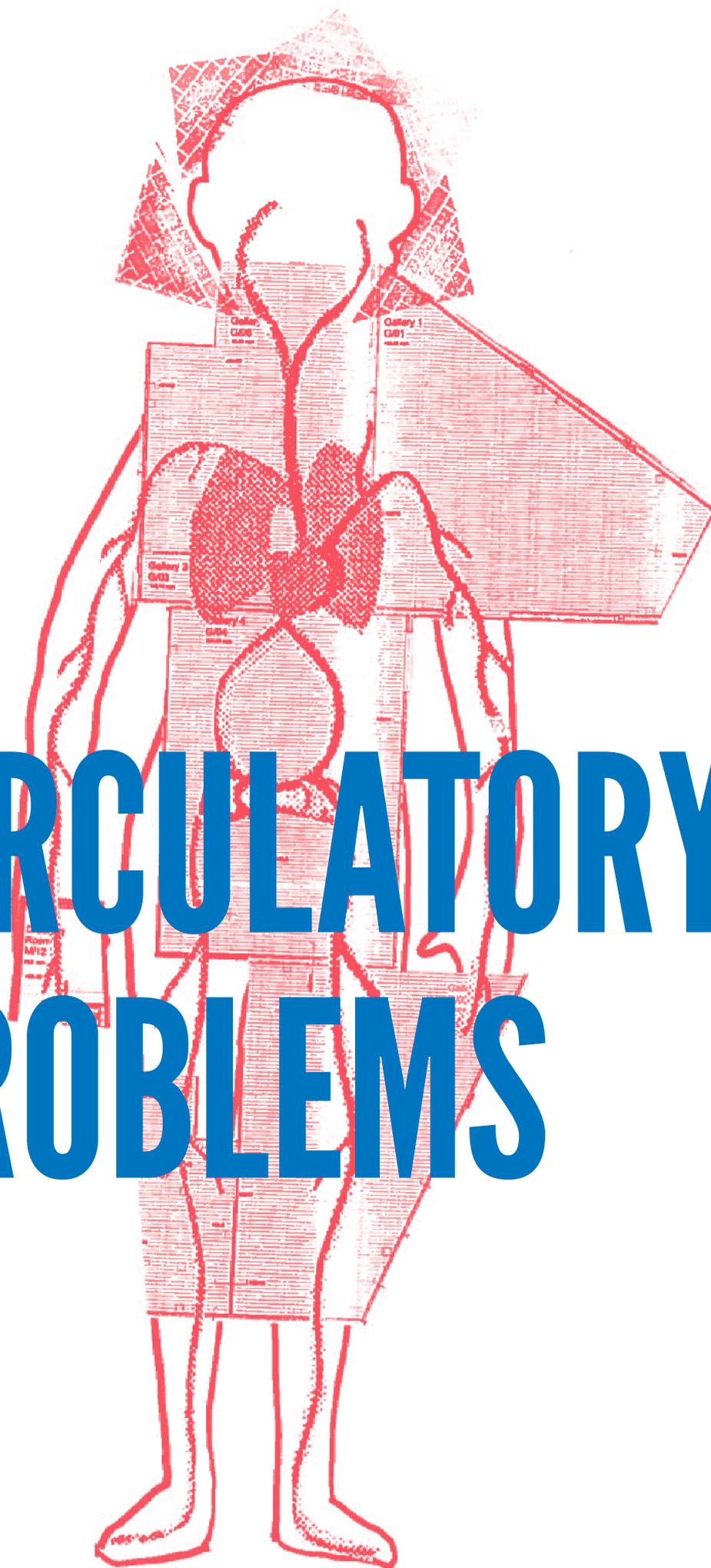
You did identify my capacities for social reproduction for the maintenance of my body are not well resourced and haven't been taken care of. This makes it difficult to get up and go to work each day. I want to look after myself and be healthy, so I can care for other bodies, but does prescribing medicine for my ailments just turn me into a healthy body that is able to work harder? What kind of body do I want to be? I know you are going to take a deeper look into my social reproductive system. You are going to identify where my fallopian tubes are. It is called a hysteroscopy which I know comes from the Greek word for uterus – hysteria. It reminded me of my colleague who didn't believe my complaints. They thought I was being hysterical, just trying to medicalise and name issues that one must just live with.

I would like you to go further, do more detailed investigations, especially of my colon where I'm sure there's something wrong. I am aware that there are many different roles involved in maintaining my body but whilst the staff within me all work incredibly hard it feels that they are not fully aware of what each other does. I wonder if deeper investigations could mean involving other staff in my examination so they become aware of how each other works to keep me going. This might help with negotiating the different expectations we all have on my body, and allow all to see what each layer of my working is responsible for, from the administration to the board of trustees.

I feel our relationship has just begun...



**THE TOES
ARE PAINTED
BUT THE HEELS
ARE CRACKED**



2. CIRCULATORY PROBLEMS

“... it is only in sickness that it [the body] makes itself truly felt, and then as that which unsettles the sense of self.”

(Schildrick, 1997, p.10)

“... today all workers have – in one way or another – become chemical workers and everybody is exposed to chemicals in the workplace.”

(Murphy, 2006, p.67)

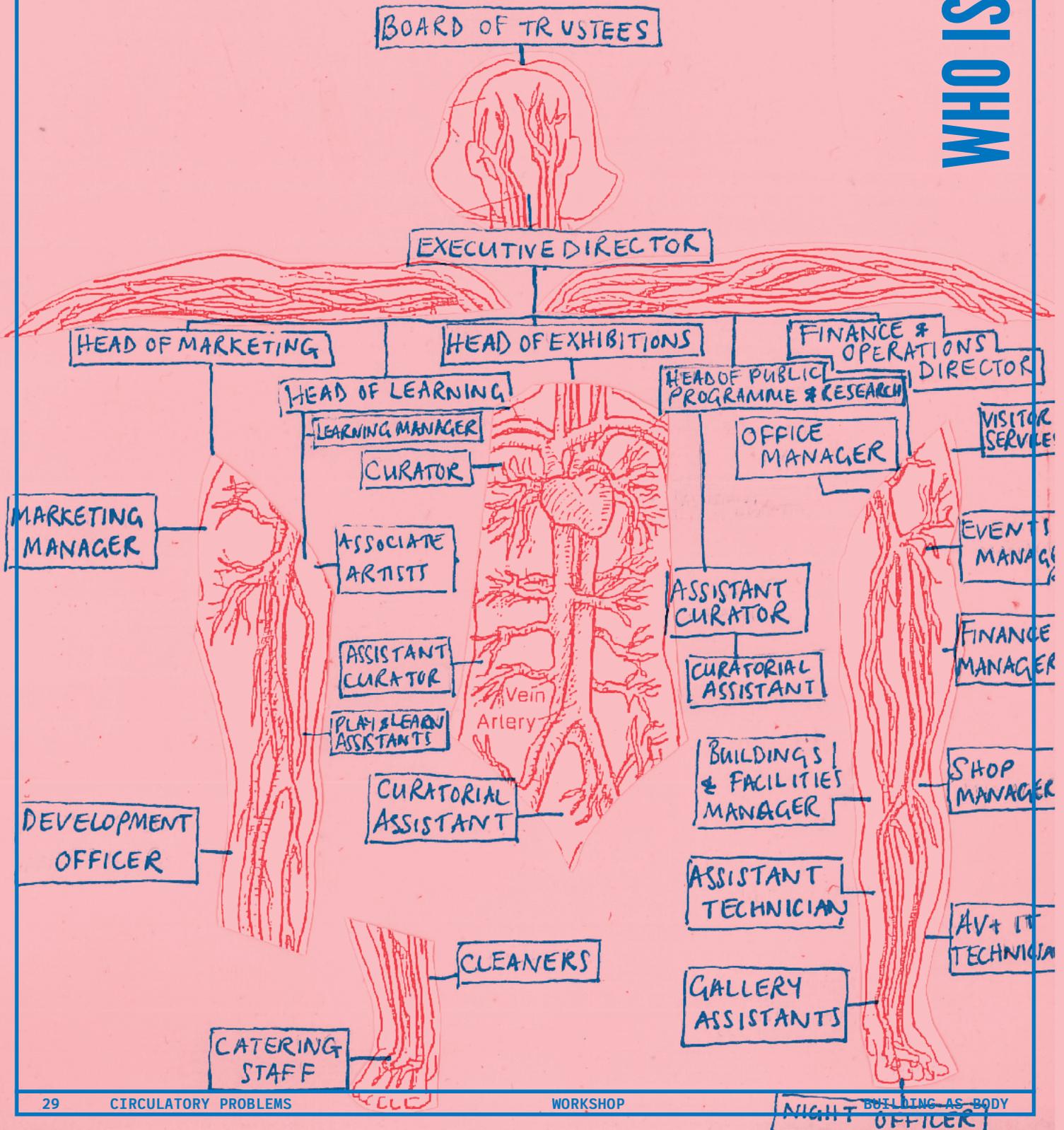
“The building contains a ‘molecular atmosphere’ that is breathed in and enters the physiology of the workers within.”

(Murphy, 1998, p.7)

INSTRUCTIONS

1. In this workshop we will be exploring who makes up my circulatory systems. These are my workers, my life blood, who transport nutrients, hormones, oxygen and carbon dioxide around my body. They are critical for my health and without them I wouldn't exist. My circulatory system is made up of the paid staff, outsourced workers, board members, cleaners, invigilators and administrative staff.
2. Go and talk to someone who you don't know in the organisation, who perhaps works a different shift or in a different part of the building to you.
3. Find out what they do and how they find their work. Shadow your co-worker and see how they circulate around the building.
4. Swap around and invite your co-worker to shadow you.

WHO IS THE BODY?





Front of House: We are the eyes.

Gallery Assistants: We are the lungs.

WHO IS THE BODY?

Admin and operations: We are the feet.

Front of House: We are the eyes.

We look at what is going on in the building and advise the other staff what they might need and what they have missed.



I had to brief the GAs on the terror incidents. Which covers what to do in the event of a violent attack on the building.

We need to be able to read a visitor. We have a series of front of house bibles ^{on our} technical values, procedures; there is a body of unwritten knowledge that is kept in here.

Gallery Assistants: We are the lungs.

WHO IS THE BODY?

It is very collaborative amongst the GAs, we are quite good friends.

We don't get much opportunity to know the other staff.

There are ways to speak in the galleries together to overcome the boredom.

We have weekly communication - GA weekly - Current issues and longer term.

A chair. Yes. We need a chair.

Often suggestions are made but nothing seems to come of them.

Bringing art to the people, there's a vitality to it, we find ourselves defining the whole of contemporary art and all the artists who function within it before members of the public. But I think that is only in some ways because we care.

WHO IS THE BODY?

Admin and operations: We are the feet.

Without admin and operations nothing else functions. We are the least acknowledged or appreciated. We order the water, stationery. If we didn't the place wouldn't function. If I didn't do the accounts, no-one would be able to get paid. They are necessities but they're not the things that generate the money like sales, marketing, exhibitions where you're more involved with outsiders.

It is an open-plan office which is set up for the cross pollination of ideas. Yet when I walk through that office it is like walking through a

library, people don't seem to communicate. I think partly because people have their own jobs, but I think it is fear. I think it is also personality.

I've had children - you can switch off! I've got that skill, I can tone out. I know for other people it's not so easy.

I see more my job role as supporting everyone else, so they can do their jobs.

There are too many divisions in offices, offering a cup of tea or chocolate bridges that.

Divisions are seen through the layout of the office desks.

My main issue is getting information off people - they are busy, the last thing they want to do is paperwork,

Feel like I'm nagging the staff.

It's like I'm waiting.

This is really the first time I've moaned, I just get on with it.

It's different day to day, when you're concentrating and you want to be quiet, people come to you all the time, so sometimes when you're trying to concentrate on something and you're disturbed they want things straight away so you have to leave what you were doing and then you come back... you'll often hear me saying that: 'what was I doing'?

1. Occasionally I shed my skin, my nails get cut, my hair falls out. This body matter was once part of me and has stories to tell.
2. If possible, I'd like you to try and find my discarded cells - they all have traces of my DNA within them, they shouldn't be too hard to find and talk to them. Ask about their experiences of what it was like to work here? Why did they leave? How is life now, beyond this building as body?

BODY MEMORIES



Location of the problem (in the building/organisation):
Pretty much all parts of the 'body' of the building!

BODY MEMORIES

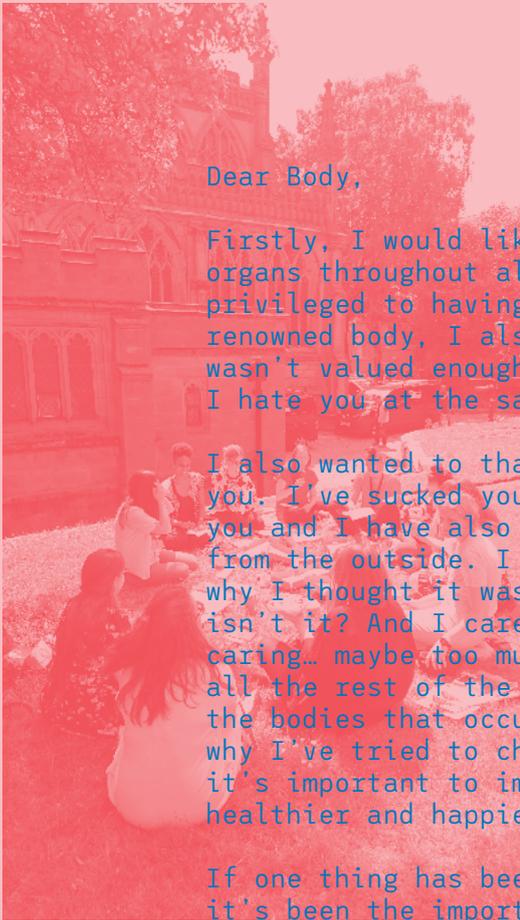
Prescription (what is your recommended course of treatment for the organisation?)
More health and wellbeing in the workplace – which starts from listening to employees desires from putting plants in the office to improving the kitchen, organising annual away day, mental health in the workplace workshops every month, break time every 2 hours by everyone and together as social moment, lunch together

What's the problem with the building/ organisation? Describe the ailment, including any symptoms:

Too many unpractical elements which makes the workplace unbearable on so many points. No pleasure in working amongst colleagues... Some of these elements start from entering the building from the top floor: reception space is not very welcoming... and down to the office... there are no real windows in the office, no natural light in the office unless near 'window' office, the kitchen area is too small, body/building temperature is uncontrollable and not suitable... too hot in summer and too hot or cold in winter, neon lights gives headache, the air is too dry and stuffy, etc. And the lack of attention and the time taken to sort things out for these spaces to be improved shows the lack of caring from people working above us. This organisational vicious circle is a common crisis!

Prognosis (How might the problem(s) persist if not treated?)
People leaving the organisation as not able to handle it, staff had mental health and consequently bad relationships in the office = bad or lack of communication too etc.

Diagnosis (what do you think the possible causes of the problem might be): Management – money + lack of care



Dear Body,

Firstly, I would like to thank you for letting me occupy your organs throughout all these years. While I feel grateful and privileged to having been able to be inside such a young and renowned body, I also feel that you didn't care about me; that I wasn't valued enough to be looked after. I think I love you and I hate you at the same time.

I also wanted to thank you for letting me be a parasite inside you. I've sucked your energy and nutrients without asking you and I have also shared them with other friendly bacteria from the outside. I am sure that one day you will understand why I thought it was important to do it. Sharing is caring, isn't it? And I care! If there is one thing I do, it is care, caring... maybe too much, sometimes. I care about you and about all the rest of the public bodies out there. I also care about the bodies that occupy you and spend time inside you. That's why I've tried to change you, because I am convinced that it's important to improve bodies (especially public ones) into healthier and happier ones.

If one thing has been made clear during these past two years, it's been the importance of spending time together and prioritising self-care through small actions and gestures such as making sure we don't eat at our desks, trying to use other parts of your body or eating outside, under the sun, for example. These processes of strengthening personal bonds with colleagues through small sharing moments have been the most valuable outcome of this process for me. I think we can all agree that your body is now an easier and healthier place to be in.

I also need to thank your consultants for undertaking so many long and arduous health-checks and always being so patient with us. I feel that I haven't paid enough attention to their investigations at times, even though I somehow instigated them, and I knew how beneficial they would be. But this lack of attention was caused by the multiple illnesses and contagious diseases that circulate inside you, and it manifested in how stretched and tired I felt.

I've just found out that another colleague is leaving you. Please don't let her go. I've seen six colleagues leaving over the past two years and you haven't done anything about it! You have the responsibility of keeping some healthy bacteria in your gut, so you don't have a constant heartburn.

Perhaps it's not you who we need to talk to and you feel as powerless as we do. Apologies if that's the case, but I hope you understand that all we ever wanted was to help you.

I have to go now but I would like to thank you once again for everything we've achieved together. Please take care and see you very soon.

Lots of love.

BODY MEMORIES

EXPLORING THE GALLERY SPACE IN RELATION TO YOUR OWN BODY

INSTRUCTIONS

Discover more about your colleagues and how work affects your body

Invite your colleagues to join you in a movement workshop to explore how their bodies feel working within mine

3. Begin with a short exercise of 10 minutes to share bodily complaints about your work. Sit in a circle of chairs with one person in the middle who asks a question related to their body pain. Who gets pain (in their shoulder)? Whoever shares this pain has to move chairs. The person left without a chair then begins with the next question.
4. With your colleagues move around the space together becoming aware of the room you are in and the other bodies in it. Gently move different parts of your body from your wrists to your ankles.
5. Keeping walking, start making eye contact with the other bodies and notice how you relate to the other person's movement
6. In small groups explore the repetitive bodily movements and sounds linked to your working role. Rehearse these together.
7. For 10 mins experiment with how you could extend those actions to become absurd? Increase/decrease speed, repetition, volume for example.
8. Now break, and lie on the floor experiencing the weight and mass of your own body. Imagine you can sink into the floor.
9. Now working in pairs for 10 minutes, let one lie on the floor with eyes closed, while the other manipulates their body from foot to head, rocking the joints to encourage the body to engage with its own weight.
10. Following this, discuss together where tension was felt.
11. Moving into groups of 2 or 3 develop a relationship with my walls and organs. Use my walls and architecture as support structures for contact exploration, finding out the space through transferring weight and assessing which parts of me offer support or relief?

12. Now, move in and out of the room drawing on the different movements enacted throughout this workshop.

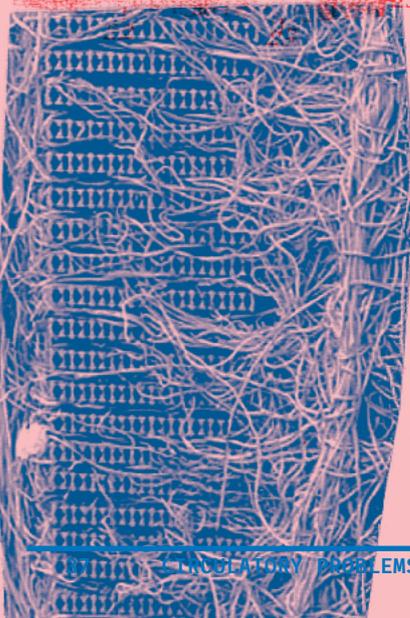
13. Gather together and undergo a short stretching exercise of the spine, rolling up and back down

14. Finally to resensitise the body, give each other a body wash. Work in groups of 4 with one stood in the middle whilst the others tap up and down the body before washing the body from head to toe in a long stroking motion.

WORKSHOP DEVELOPED BY OLWEN DAVIES AND MAUD LANNEN

HOW TO INCREASE CIRCULATION IN A STATIC BODY?

A conversation between two circulatory systems in the galleries where they work. They each work shifts in which they must stand in the gallery for four hours before a break.



Oxygenated: A chair. Yes we need a chair.

Deoxygenated: Another thing that isn't good for circulation is the temperature in the galleries. It changes sometimes dramatically. I have brought this up but not a lot happens.

Oxygenated: And apart from getting water from the water cooler, there is limited circulation at breaks as I don't really use the kitchen – there isn't really time. Before we had a kettle in the Green Room (the staff room for Gallery Assistants), you had to make a drink in the kitchen that is part of the office and take it all the way over to the Green Room – in a 10 minute break. It can be really awkward sometimes to find an easy route there.

Oxygenated: The Movement Workshop helped with circulation.

Deoxygenated: And circulating ideas!

Oxygenated: It did leave my body feeling loose and free, rather than the usual experience of being hunched over a desk. The exercise helped me feel in touch with my circulatory system.

Deoxygenated: It was interesting to think about the strains on our bodies, as a lot of the complaints were familiar, yet you get used to being in your own skin and dismiss those aches and strains as just part of daily life.

Oxygenated: My leg muscles ached in unexpected places the following morning... I certainly felt I'd had a workout like no other... I imagine the majority of Gallery Assistants may remember the first time they trod the galleries for four hours or more... legs ache the following day!

Deoxygenated: Yes, I use to watch how others chose to navigate around their space – whether it was pacing or stretching as a way to cope with being stood all day.

Oxygenated: For me to observe how my fellow participants operate (based on their personal experiences of movement activities), aided the development of my own physical body vocabulary...

Deoxygenated: Yeah it got the blood flowing! Sometimes I had no idea what I was doing as I felt I was going beyond my existing knowledge and experience.

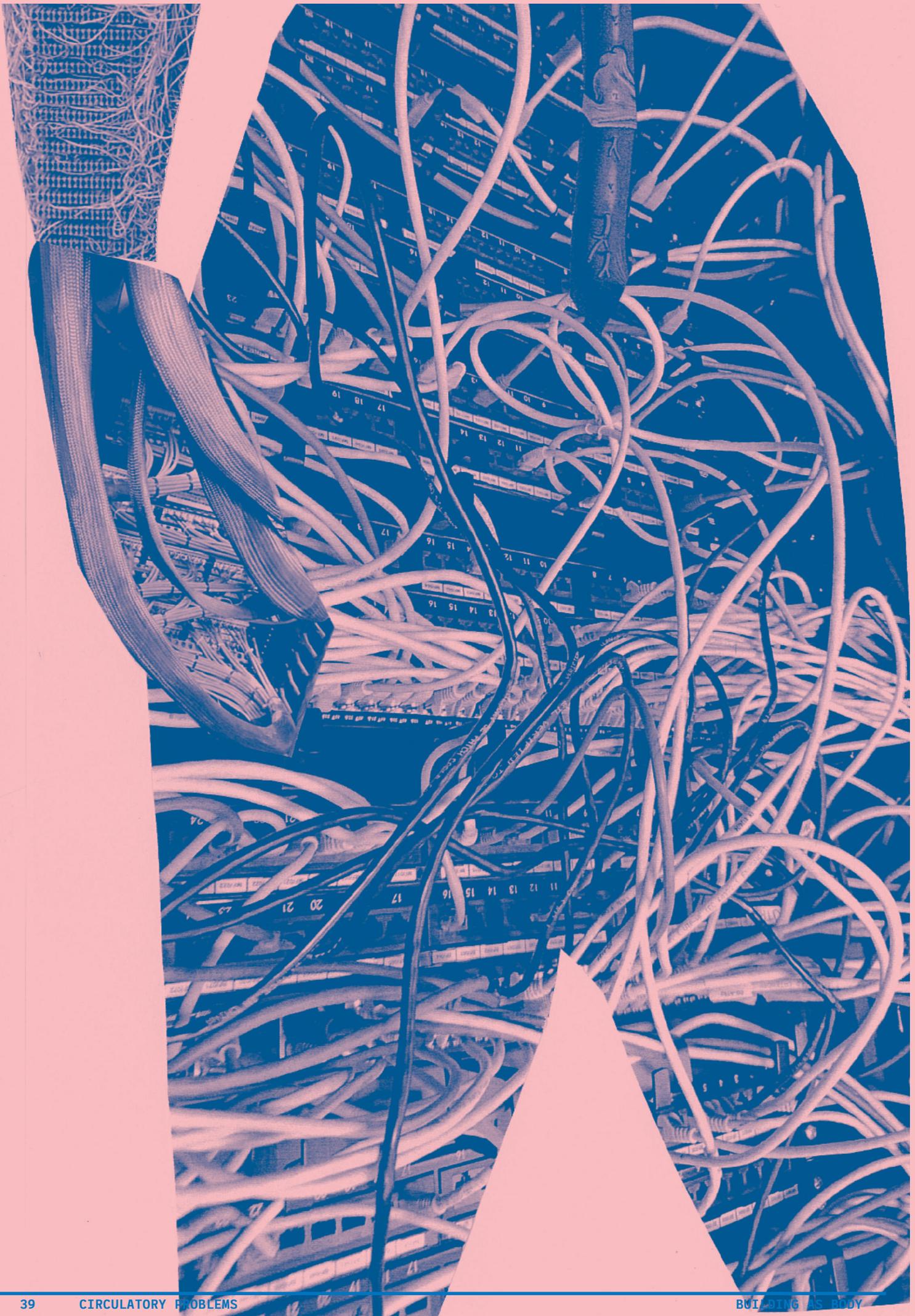
Oxygenated: By moving together it also developed mutual trust and respect between us – different circulatory systems – and led to initiating some spirited and gutsy actions.

Deoxygenated: At the end I felt I'd lost a lot of the anxiety I had at the start and was surprised by how fluidly I could interact with others and the space we were in.

Oxygenated: Yes, by stimulating circulation, it also got the feelings flowing towards each other too. It reminded me of the not so obvious mutual support we offer each other within the galleries.

Deoxygenated: Yes, we are all too aware of the presence of cameras on us here... controlling our movements.

Deoxygenated: The discussion at the end of the workshop about whether you feel in your own world, or surveyed, was really interesting to me. Sometimes I remember stretching and then wondering if anyone was sat watching me?





**EMBRACE THE
SPILLAGE ON
THE CARPET**

3. DIGESTIVE COMPLAINTS



“Expulsion maintains the machine, in the same way that waste is a necessary part of nourishment. Excrement marks a boundary of order within and incoherent without. For example, confining madness produces a population of the sane; abnormality produces normality. By designating its negative, the machine defines itself. Suffering that is shat out becomes the converse of what the machine recognises: uncompensatable, non-occupational, unscheduled, against the law, and unnamable...”

(Murphy, 1998, p.281)

“... the building is truly a living man. You will see it must eat in order to live, exactly as it is with man. It sickens or dies or sometimes is cured of its sickness by a good doctor... it needs to be nourished and governed and through lack it sickens and dies like man.”

(Filarete, Treatise on Architecture, 1461-63, quoted in Agrest, 2000, p.362)

An endoscopy can be used to investigate systems inside my body. As my symptoms have persisted over long periods, the endoscopy can be used to identify problems we can not usually see. Those that have persisted under the surface but that critically affect my whole working. A camera is used during the endoscopy to capture more information and can be shared afterwards so others can see the findings. I would like you to perform a collective architectural endoscopy to help deepen knowledge of my problems and thus identify ways to change and heal. You are going to have to chose which orifice to enter - my mouth or anus.

INSTRUCTIONS

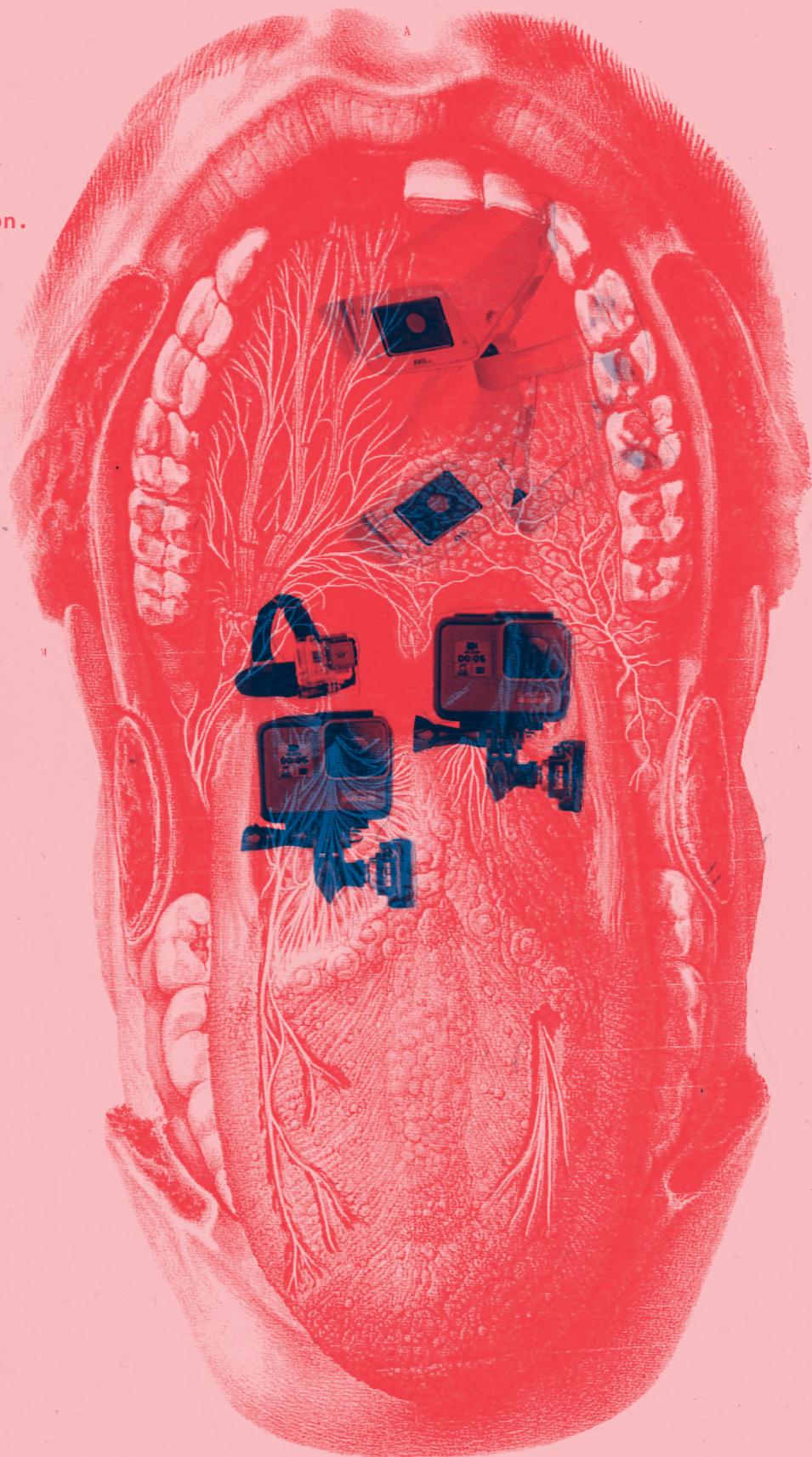
1. Before performing any endoscopy you may need to ask for my permission, or the permission of the body you are investigating.
2. Ask what areas beyond those that are open to the public you can access and develop the endoscopy route around my systems.
3. Invite your co-workers and maybe members of the public that they can join the endoscopy of my body - allowing access to some areas usually only reserved for certain workers.
4. When gathered at the mouth or anus of my body, decide on who will wear the camera and guide the group through my body.
5. Using a camera or phone camera, strap it to the person's body and begin your internal exam.
6. When entering the different areas of my body take care to scrutinise their surfaces, what can you see? What areas of irritation, swelling or soreness can you find? What could cause it? Take detailed notes.
7. Stop in each area and discuss together with your other endoscopy adventurers what might be going on in this area.
8. Depending on what you discover you may have to remove a small sample of tissue for further analysis - a workplace biopsy.
9. Record the journey and look back over the footage to see what new details you can decipher from the findings.

AN ENDOSCOPY OF YOUR WORKPLACE

ARCHITECTURAL ENDOSCOPY

This endoscopy has been created by Manual Labours, informed by our time spent with staff working at a public cultural institution.

We invite you to read with us on our journey into the inner depths of the institution's body.



SCENE 1

Manual Labours along with a group of cultural workers, architects and interested passers-by gather at the mouth of a cultural institution. The glass doors they stand next to open and close, triggered by the group's presence. Two of the characters are wearing lab coats – they are the researchers leading the Architectural Endoscopy. Someone else is wearing a small video camera on their body – they are the endoscopy probe head who will lead the group into the body. Others have clipboards who will make notes and monitor the body's blood pressure, pulse and oxygen levels. The rest have their phones at the ready, on guard to take photographs from inside the body.

Researcher 1: OK. Are we ready? Are we all lubricated? This will ease our route down into the throat and into the oesophagus. We are about to perform a new kind of endoscopy of this fragile body, never tried before on such a scale.

Researcher 2: As expert-scientists in your field you are part of this exciting experiment so please be vigilant, observe your surroundings and take mental notes of the internal organs we pass through.

Researcher 1: While the patient shouldn't feel any pain, don't be alarmed by amplified grunts as we pass through the sphincters. As this has never been tried before, we are unsure what the side effects our experiment will have, so this is a risk to both us and the body itself. This particular body has been complaining of a number of unexplained ailments including:

- Blockages in the digestive system
- Feelings of physical awkwardness
- Upper abdominal pain, nausea, vomiting, bleeding, or difficulty in swallowing
- Detecting inflammation, infections, tumors, ulcers
- There have also been reports of chronic neglect of ducts in the building where secretions occur.

The body is also performing well in some areas and we want to see these aspects and learn from them too. So keep your eyes peeled!

Researcher 2: Our journey into the body via the mouth and oesophagus today may not tell us all we need to know about the symptoms, but we may gain some insights worth investigating further. We welcome your feedback and any suggestions you have. The procedure should take about 20 mins after which you are welcome to recover in the theatre.

Researcher 1: Today we are focusing on an Upper Endoscopy – leading from the mouth to the stomach and small intestine. There are other routes we could take, e.g. through the windpipe to the lungs, entering the vagina to the uterus, or anus to the colon – these are other investigations we would like to perform depending on the success of this one.

Researcher 2 turns to look at the building's entrance.

Researcher 2: As you can see, our patient is already sedated. Lying on its side, mouthpiece in place. Let's enter, slowly, carefully, don't worry if you touch the sides – but do try and keep physical contact to a minimum. First we move down the back of the throat and approach the upper oesophageal sphincter, also known as front of house, foyer or reception.

The group move slowly through the entrance of the institution led by the probe head.

SCENE 2

The group gathers in the foyer of the institution, also known as the upper oesophageal sphincter, as the endoscopy allows them to observe their surroundings. As they stand there other people and materials pass in and out of the entrance as the body continues to breathe in a relaxed manner.

Researcher 1: The upper oesophageal sphincter (UES) is a bundle of muscles at the top of the oesophagus. The muscles of the UES are under conscious control, used when breathing, eating, belching, and vomiting. They keep food and secretions from going down the windpipe.

Researcher 2: This is the front of house where Security, Gallery Assistants and Visitor Services direct anything entering the building to where they need to go (visitors, food, drink, packages, ideas, air, anything that enters the body on purpose or by accident). The Front of House / UES does an amazing job of consciously regulating the building around the clock. When issues lower down in the stomach are causing problems, the effects are felt at this level.

We have been getting complaints of acid reflux rising up from the stomach causing a chronic cough, chest pain and burning. This is felt in the UES. Bad breath is also a complaint made by some of the passing public (although the patient doesn't like to acknowledge this).

Researcher 1: You'll notice the structure of the desk here.

Researcher 1 points out the CCTV, underneath the desks.

Researcher 1: You can see the amount of activity here that is needed to keep the belches and bile from reaching the public. There are storage solutions, security measures and time-sheets here, all useful for regulating the gastrointestinal tract. It is at this moment that whatever tries to enter

the building is either ejected / spat out, or enters into the oesophagus for digestion (transforming into a bolus of matter and saliva during the chewing process).

Researcher 2: This area can also get clogged up with backed up belches and vomit. It also has a fluctuating temperature leading to recurrent coughs and colds. The muscle has a tendency to be overworked and a lot of pressure is put on this small area. It does a great job but has to deal with a lot of external interaction putting it under a great strain. It could do with regular cleansing with anti-bacterial mouthwash. Without this it can lead to rotting cavities and more bad breath.

SCENE 3

The probe head leads the endoscopy towards the stairwell or oesophagus. The group gathers at the top of the stairwell before slowly entering and walking down the stairs, all the time following the probe head.

Researcher 1: The oesophagus is the muscle we use to swallow. The staircase acts as the peristaltic contractions, pushing matter around the building. All matter entering this space needs to keep moving and circulating, you're not allowed to linger here, you need to browse, view, leave, or move on down to the stomach. Whatever you do, don't stop.

Researcher 2: Some of the ailments associated with the oesophagus include painful swallowing and inflammation. This may be due to blockages or soreness between the stomach as controlling force (office) and mouth (entrance). These parts are not always efficiently connected. A sphincter might not be opening or closing properly. Despite best intentions, issues in the stomach have a knock on effect on this public part of the building.

After moving constantly through the oesophagus the probe head stops to pause to take a look at the diaphragm. Researcher 1 points out the window and seat.

Researcher 1: This diaphragm looks in great shape.

Researcher 2: It is a place of calm, where staff can take a breather from their work. There's fresh oxygen and lots of natural light. A real oasis of peace and quiet.



SCENE 4

The group moves on down the stairs to the entrance to the open-plan office or The Lower Oesophageal Sphincter to watch its operation.

Researcher 1: The lower oesophageal sphincter (LES) is a bundle of muscles at the lower end of the oesophagus, where it meets the stomach. When the LES is closed, it prevents acid and stomach contents from traveling backwards from the stomach. As we have seen, an incompletely closed LES allows acidic stomach contents to back up (reflux) into the oesophagus at the front desk.

Researcher 2: The LES muscles are not under voluntary control. They are automated. Access in and out is regulated and there is a hierarchy as to who can enter and exit. There is an emergency button to open the sphincter if you don't have automatic entry but we are unsure how the enzymes in the stomach will respond.

SCENE 5

The probe head takes out an access card obtained from management that allows the group special entrance into the stomach. The group enter through the door into the stomach.

Researcher 1: Before we go any further into the stomach we need to clean and wash out the contents. Open-plan office conditions are often stuffy and overloaded, creating difficult conditions for an endoscopy.

One of the group with clipboards turns a humidifier placed on one of the central desks up to max in order to clear the atmosphere.

Researcher 2: OK, we are well and truly inside the stomach now. This is a large area, so we will only be investigating the upper part of it where we have access.

The probe head leads everyone to the centre of the open office where each member of the group takes a seat on swivel office chairs.

Researcher 2: The stomach secretes acid and enzymes that digest food. Ridges of muscle tissue called rugae line the stomach. You can see these in the ceiling here. The stomach muscles contract periodically, churning food to enhance digestion.

Researcher 1: The stomach is full of enzymes. These enzymes are operated by the staff working hard to help aid the digestion of food, the production processes of the Gallery, Public Programme, Administration, Communication and Education programmes. These enzymes are extremely important in releasing the nutrients in the food to be able to enter the body. You can tell from the amount of material in here that the staff and enzymes are working incredibly hard and it is in general a very productive gut.

Researcher 2: However, these enzymes and their staff are extremely sensitive to their environment. Heat and chemicals can denature an enzyme, or destroy its ability to work and unlock nutrients. Because of heavy processing, pasteurized and packaged foods often lack active enzymes and rely even more heavily on the staff here. You can see this through the rapid turnover of exhibitions and events (like this one) that involve a huge amount of hidden labour in the stomach. This means that the body must work harder than ever to break down and synthesize these foods. The root of many digestive complaints is enzyme deficiency.

Researcher 1: This body is also feeling the physical and psychological effects of being underground due to the lack of natural light and lack of movement to circulate the nutrients throughout the body. This is particularly acute in the stomach. Infrequent movement can also result in poor circulation of blood around the body as blood vessels become blocked.

Researcher 2: The open-plan office environment is having a slow, degenerative effect on the building, affecting levels of concentration and exhaustion. Inefficient communication leads to over exertion of the nervous system. Symptoms resulting from problems in the stomach include:

Gas, bloating, abdominal pain, nausea, heartburn, skin rashes, acne, eczema, brain fog, headaches, mood swings, joint and myofascial pain (myofascial pain syndrome typically occurs after a muscle has been contracted repetitively. This can be caused by repetitive motions used in jobs or hobbies or by stress-related muscle tension), lack of life in the eyes, vision problems, irritability, reduced muscle capacity, feeling weak, unexplained fatigue, poor circulation, confusion, lack of concentration and motivation and a sense of being watched.

Researcher 1: These symptoms could be caused by a lack of privacy and individual space. Constant distractions expose staff to more noise and therefore increased stress levels, making them more vulnerable to illness. The open-plan design could also make it easier for viruses to spread from one worker to another. Due to lack of vitamin D via sunlight to the open-office, the stomach is not absorbing calcium and phosphorus which create a healthy immune system and strong infrastructure and skeletal system.

Researcher 2: The possible cause of these symptoms could be the fact that the building-body is partly underground and therefore there is a lack of natural light. Part of the stomach is occupied by desks and computers and this large open-plan office is lit with fluorescent strip lighting. Operating under fluorescent lighting leads to a lack of interaction between different parts and cells of the body.

Researcher 1: "Fluorescent lights can cause headaches and eyestrain. Exposure over long periods of time can also cause depression. According to research, employees exposed to natural sunlight suffered far less depression than

employees exposed to fluorescent lights. Apparently, it can also affect human interactions and simple functions like eating during breaks due to the way the blue nature of fluorescent lighting is so unflattering to human skin tones and other objects in the office (Wilkins, Nimmo-Smith, Slater and Bedocs, 1989)." (http://www.ehow.co.uk/way_5767851_problems-fluorescent-lighting-office.html)

The group stand up from their swivel chairs and move to the area of the open office that has a small kitchen area. The probe head tries to guide the group in, but the kitchen can only accommodate 3 of the group, and even that is a push.

Researcher 2: We're entering one layer of the stomach wall which in this case is incredibly cramped. This body has a lot of uncomfortable indigestion.

Researcher 2 points to a large jug of thick yellow liquid on the kitchen work top.

Researcher 2: That yellowish fluid is the bile which is made by the liver. That should not be down in the stomach because that valve [points to the entrance way to the kitchen which has no door on it] should keep it in the intestine.

Researcher 1: We need to do an ascitic drain. Can someone pick up the bile please. We'll take this back to the small intestine.

One of the group squashed into the kitchen picks up the jug of yellow bile (soup to be warmed in a microwave in a different part of the building) and slides themselves past the dishwasher and broken cutlery draw.

Researcher 1: There is some difficult communication between enzymes and staff working in the open-plan office part of the stomach and the small intestine (where Gallery Assistants go to take their breaks). This can be seen in the sometimes erratic correspondence between office staff and those working in Front of House.

SCENE 6

The group starts moving towards the end of the stomach tract. Where the stomach meets the small intestine is the door from the education space to the theatre. This time it is led by the member carrying the jug of bile, followed closely by the probe head and the rest of the group.

Researcher 2: Here we are at the pyloric sphincter, this door is a muscular valve that opens to allow food to pass from the stomach to the small intestine as chyme.

Researcher 2 points to the tops of cupboards in the education space that are packed with papers, card, office supplies and workshop materials.

Researcher 1: See here remnants of food that haven't been digested in a very long time. These stomach walls [**invites the group to look into the cupboards**] are full of undigested matter that has no place to go. At some point it might be recycled and used by the body, or vomited back out, via the mouth to the institution as bolas.

Researcher 2: You can see this sphincter isn't functioning as smoothly as it should. Here the door can get jammed. This sphincter only opens to specific matter so the bile will send a signal and allow us access to the small intestine. Careful! These doors are quite heavy to operate – especially when you're carrying bile back to the small intestine.

SCENE 7

The group all manage to make it through the sphincter to the small intestine, despite its slight dysfunctioning. They gather just inside the small intestine which appears as a mezzanine control platform over the theatre space.

Researcher 1: The small intestine is a long and convoluted part of the body with many twists and turns. The small intestine has three distinct regions – the duodenum, jejunum, and ileum. The duodenum receives bile and pancreatic juice through the pancreatic duct, controlled by this platform we are stood on, which is called the Sphincter of Oddi.

Researcher 2: The primary function of the small intestine is the absorption of nutrients and minerals from food. The Technicians of the institution aid with this work here. You can see how they have been busy maintaining, mending and testing the operations in the theatre to make sure everything is working for the numerous, large scale events and considerable matter that comes through this area.

Researcher 1: The Technicians have periods of intense activity such as during the installation of an exhibition. Thus, the small intestine is working on intense periods of digestion often during unsociable hours, responding to whenever the building is awake. Look around for areas of inflammation. There have been some reports of chronic neglect of ducts in the building where bile and pancreatic juices are secreted. This might be due to obstructions or infections. It is also the site of IBS and ulcers.

Researcher 2: An autoimmune condition possibly caused by an infection or cyst can be connected to high levels of stress. One of the main functions of some glands is to secrete hormones which will help the body respond to stressful situations; however, that is intended to be short-term. When stress such as intense periods of digestion or

installation of exhibitions lasts longer than a few hours, higher energy demands are placed on the body, leaving the body open to infection.

Researcher 1: If left untreated, this could lead to increased sick leave and system failure. Keep taking notes, but now we have to get the bile to the another part of the small intestine.

SCENE 8

The group moves off the mezzanine and travels down deeper into the small intestine and the depths of the institution until they pause at a small room called the Green Room. Here the jug of bile is left on the desk in the Green Room next to a microwave and kettle that are plugged into the wall.

Researcher 2: The body has adapted this area of the small intestine as a makeshift staff room where Gallery Assistants in particular are able to take their breaks. As you can see, there are a number of limited access sphincters, including the sphincter of Oddi, to get through before arriving at this rest place. It's hard to find and difficult to enter. With only a ten minute break it can take five minutes to get down to this part of the small intestine for a sit down and cuppa, meaning breaks are often rushed.

Researcher 1: You can see this is quite an uncommunicative digestive system where enzymes, staff and resources must end up in distinct sites, but to do so you have to negotiate your way through the gut and this takes time and increases tiredness in the body. The staff room is also lacking in light and oxygen which doesn't help aid rapid recuperation during rest. I am also feeling quite cold down here, indicating bad circulation to this part of the gut.

SCENE 9

The group manoeuvre themselves out of the Green Room and the probe head takes them down a flight of stairs to the entrance to the large intestine. The entrance however is blocked by a large purple door, forcing the group to squash together within the stairwell, forming a backup.

Researcher 2: Well here is a problem, are you capturing this probe head? There is a major blockage here which means we cannot enter this part of the digestive system. We will need to perform a colonoscopy in order to gain access to this part of the body and institution.

Researcher 1: While many materials enter the building (mainly for installations and workshops) these are often not broken down, reused or discarded. Rather, they remain trapped in the digestive system. A specific area of complaint is the basement, large intestine and bowels, where items are backed up causing chronic constipation. Symptoms include: chronic weight gain (not consistently spread across the body), feeling hunched over, constipation, heartburn, bloating, indigestion, trapped wind, bad breath and acne.

Researcher 2: The cause of the blockages could be down to some areas of the basement being neglected, while other areas of the body are tended to, cleaned and looked after more regularly, for instance the gallery and public spaces that we passed through at the beginning of this endoscopy.

Researcher 1: Materials are often discarded and dumped, rather than recycled and reused in these forgotten spaces behind the scenes. And for a healthy body, materials need to be broken down, absorbed into the bloodstream and re-distributed around the body.

Researcher 2: It could be that the building is intolerant to some materials and is therefore physically unable

to digest them. High levels of stress can also lead to digestion problems – intolerance of certain foods and materials that are not possible to digest. Left untreated this problem could result in multiple ulcers and cysts in the building.

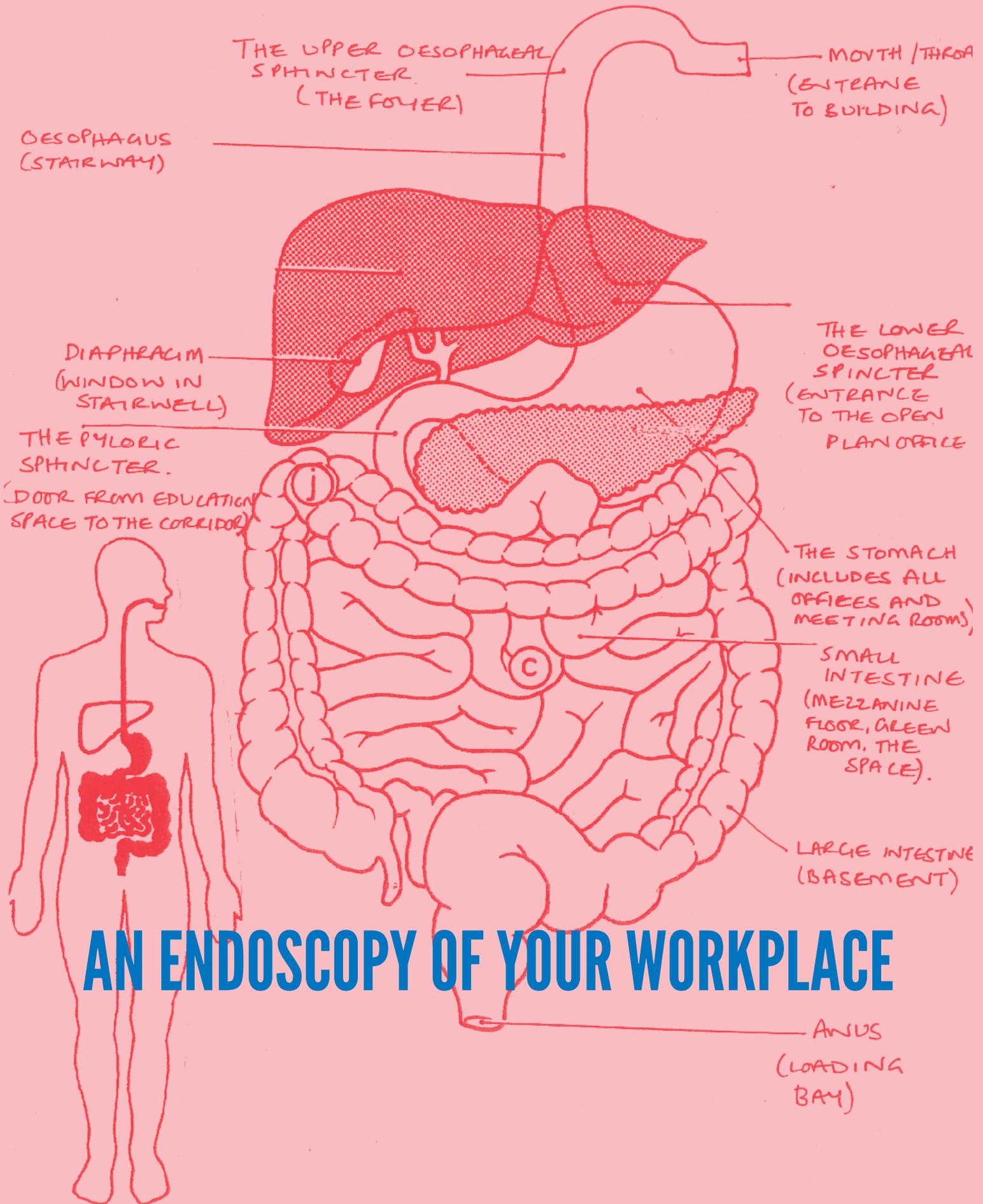
Researcher 1: Can you feel that vibration down here? And the sound of the pump and heating systems? You can sense the building is in an uncomfortable, restless state. If these areas of concern are ignored for much longer the developing cysts and ulcers could burst and cause infections in other parts of the building.

Researcher 2: At this point our endoscopy can go no further. We have no permission to access the basement door and go out of the body via the large intestine and anus. Sadly we are now stuck here in the small intestine. Our only hope is that nature takes its course and we can collectively discover a way out – either through the anus expelled along with the institution's shit or return via our route through the mouth and institution's entrance as vomit.

The group tightly packed in the stairwell put down their clipboards and try to find space to sit on the stairs and wait. The probe head leading the group switches off their camera to save energy for their imminent expulsion.

THE END.

UPPER ENDOSCOPY



AN ENDOSCOPY OF YOUR WORKPLACE

No Windows - doesn't bother me, I don't even notice we haven't got windows.

CONTINUED ON NEXT PAGE --

Probably most people don't know it exists, they've got no reason to.

Cat ladder onto the roof.

The BMS [building management system] is controlled from here, the CCTV is controlled from here.

What tends to happen with our skips is that we fill them up and then people come over night so the next day they're half as empty. I think last year we had like 20 tonnes of skip waste and like 200 kilos that went to landfill so our statistics are good. All the plaster board we use goes to British gypsum and gets broken down and remade into fresh board. In terms of recycling and reducing our carbon footprint it works out quite well.

BEYOND THE COLON

Comms room - server racks, all of the IT infrastructure comes through in here.

CONTINUED FROM PREVIOUS PAGE

If someone flushes their phone down the toilet it'll come down here and either get stuck in the pipe somewhere and we have to rod it through or it will get stuck in the pump and we'll have to open it up and fish it out the pump.

Just wear gloves and then wash your hands.

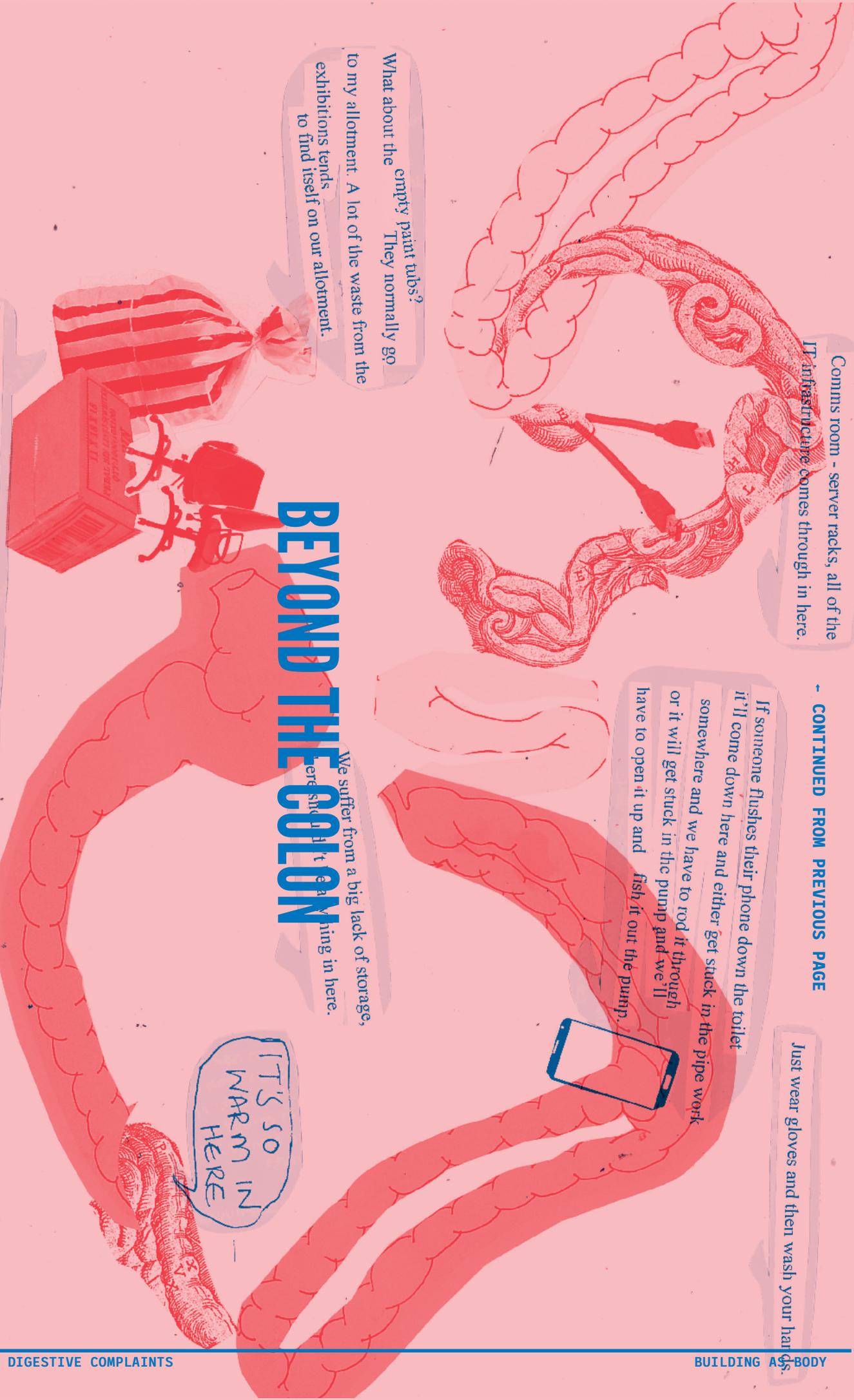
What about the empty paint tubs? They normally go to my allotment. A lot of the waste from the exhibitions tends to find itself on our allotment.

We suffer from a big lack of storage, here since it's a main thing in here.

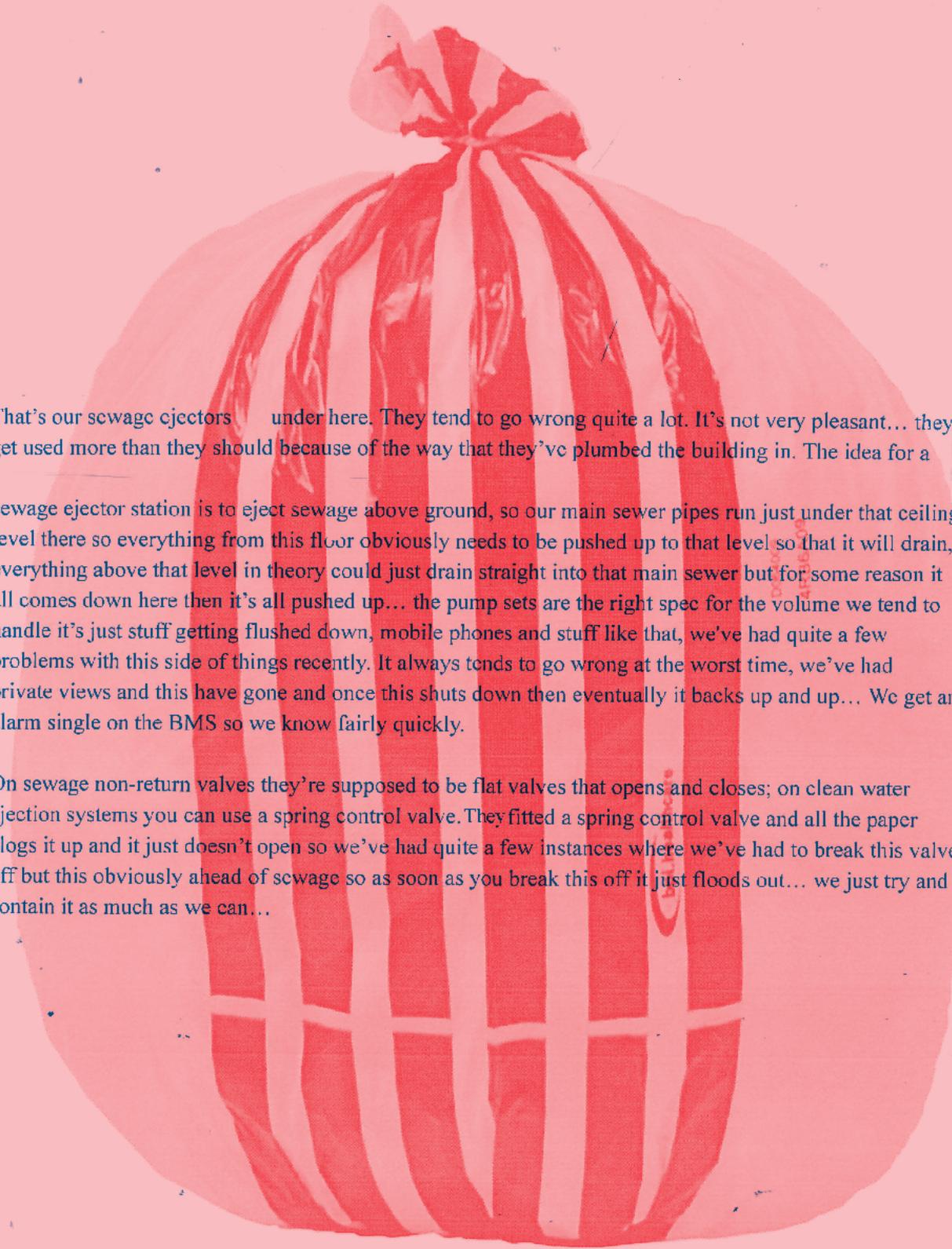
IT'S SO WARM IN HERE

BEYOND THE COLON

Packaging, furniture, display tables from the show before last. We tend to keep them because we might want to use them. We won't. We'll throw them away in a couple of year time. We don't really have a process for it.



SHIT BAGS SEWAGE SYSTEM



That's our sewage ejectors under here. They tend to go wrong quite a lot. It's not very pleasant... they get used more than they should because of the way that they've plumbed the building in. The idea for a sewage ejector station is to eject sewage above ground, so our main sewer pipes run just under that ceiling level there so everything from this floor obviously needs to be pushed up to that level so that it will drain, everything above that level in theory could just drain straight into that main sewer but for some reason it all comes down here then it's all pushed up... the pump sets are the right spec for the volume we tend to handle it's just stuff getting flushed down, mobile phones and stuff like that, we've had quite a few problems with this side of things recently. It always tends to go wrong at the worst time, we've had private views and this have gone and once this shuts down then eventually it backs up and up... We get an alarm single on the BMS so we know fairly quickly.

On sewage non-return valves they're supposed to be flat valves that opens and closes; on clean water ejection systems you can use a spring control valve. They fitted a spring control valve and all the paper clogs it up and it just doesn't open so we've had quite a few instances where we've had to break this valve off but this obviously ahead of sewage so as soon as you break this off it just floods out... we just try and contain it as much as we can...

All of the heating for the building is done by the district heating scheme and that comes in from here and then goes to our plate heat exchanger and that converts it from hot steam into a heat source that we can use. The plate heat exchanger stores heat like a battery and then it converts so we run water through this

heating scheme and that comes in from here and it from hot steam into a heat source that we can and then it converts so we run water through this

THE BODY'S WATER SYSTEM

This was one of the major flaws with the design in the building, is that all of our water is fed from tanks just because the consumption exceeds the mains pressure that we'd get. So we've got a 6000 litre tanks, but they've stuck it in the room where the district heating intake is, so this is the warmest room in the building and obviously with legionella control, water needs to be kept below 20 degrees so we keep that door open to keep the air moving through here. Ideally this water tank should be in a separate room or up on the roof but that's a massive...

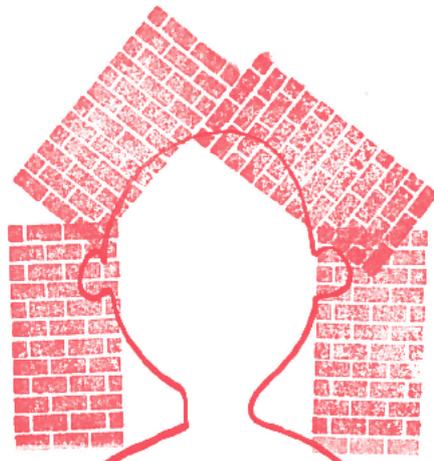
There no reason not to drink the water that comes out of the taps... Its mains fed, into a tank, the tanks are chlorinated annually so they're well within the guidelines for chlorination procedures so they're going straight from the mains into a vessel then through the pipework and then out the tap so it's exactly the same as drinking the water that comes out the tap at home.

This tank feeds everything, all of the cold water systems comes from here, the only cold water that doesn't come from here is the chiller on the roof which just serves the plant, that's not potable water

STOMACH



4. SOCIAL REPRODUCTIVE STRUGGLES



“... he who wishes to build needs an architect. He conceives it with him and then the architect carries it. When the architect has given birth he becomes the mother of the building... When this birth is accomplished, that is when he has made, in wood, a small relief-design of its final form, measured and proportioned to the finished building, then he show it to the father.”

(Filarete, Treatise on Architecture, 1461-63, quoted in Agrest, 2000, p.363)

“... there is no place within the disembodied job or the gender-neutral organization for other “bodied” processes, such as human reproduction (Rothman 1989) or the free expression of emotions (Hochschild 1983). Sexuality, procreation, and emotions all intrude upon and disrupt the ideal functioning of the organization, which tries to control such interferences. However... the abstract worker is actually a man, and it is the man’s body, its sexuality, minimal responsibility in procreation, and conventional control of emotions that pervades work and organizational processes. Women’s bodies – female sexuality, their ability to procreate and their pregnancy, breast-feeding, and child care, menstruation, and mythic “emotionality” – are suspect, stigmatized, and used as grounds for control and exclusion.”

(Acker, 1990, pp.151-152)

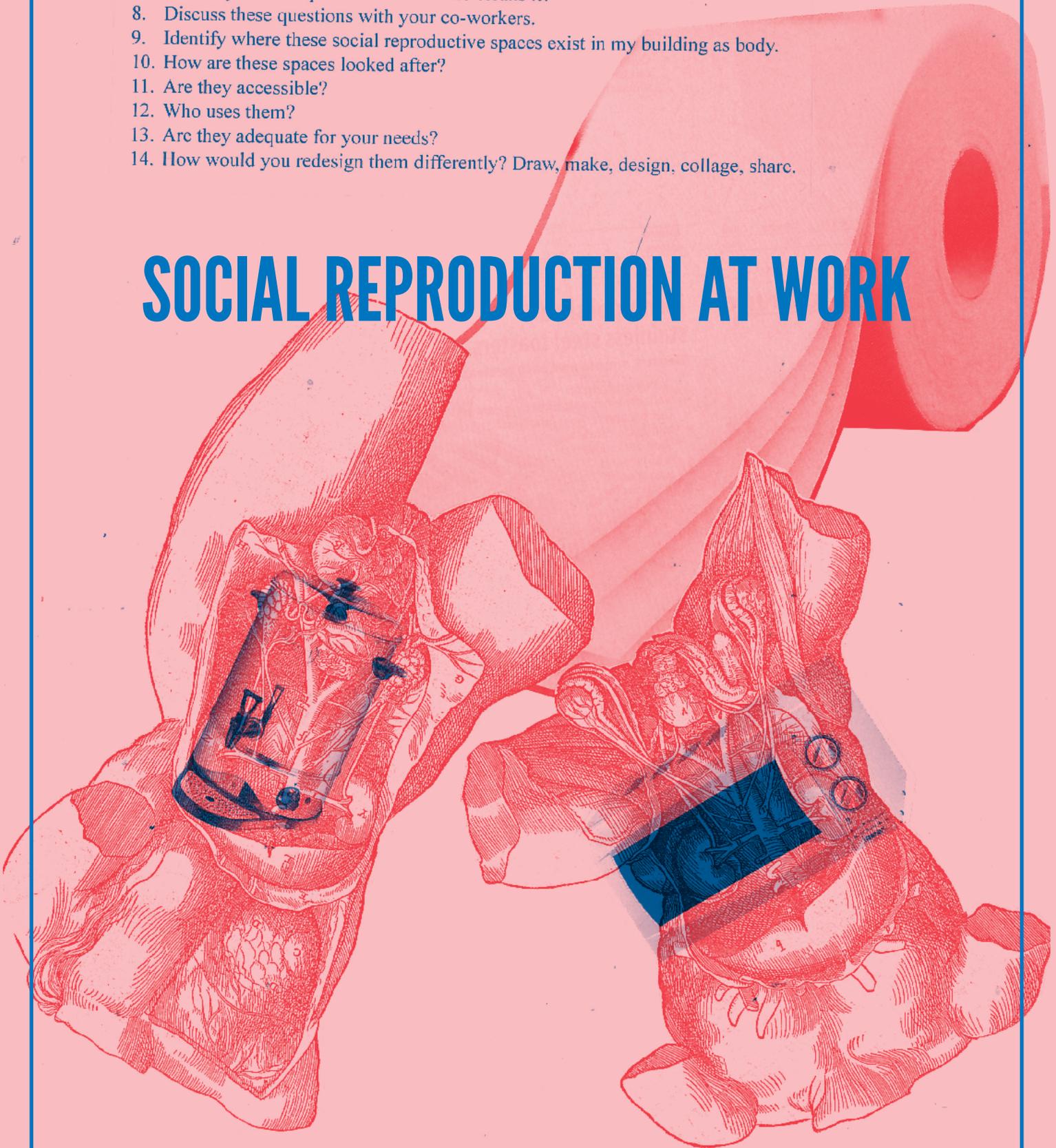
“Finally, the vague and often mild symptoms women workers presented could be explained by other diagnoses that medicine had developed long ago – dysmenorrhea, hysteria or psychosomatism – and then treated with tranquilising pharmaceuticals.”

(Murphy, 2006, p.70)

INSTRUCTIONS

1. Where do you go for a break, if you have one?
2. Where do you eat lunch? Can you store and cook your lunch easily?
3. How much do you spend on lunches?
4. Do you take TOIL?
5. Is there a place you chat with your colleagues?
6. Do you poo on company time?
7. How is your workplace cleaned? Who cleans it?
8. Discuss these questions with your co-workers.
9. Identify where these social reproductive spaces exist in my building as body.
10. How are these spaces locked after?
11. Are they accessible?
12. Who uses them?
13. Are they adequate for your needs?
14. How would you redesign them differently? Draw, make, design, collage, share.

SOCIAL REPRODUCTION AT WORK



INSTRUCTIONS

1. Have a look at a diagram of my female reproductive system. Familiarise yourself with the different parts of my system.
2. In groups, choose an organ and think about where it might relate to in the building you work in.
3. Discuss your findings as a larger group.
4. Perform a hysteroscopy and visit the spaces you have identified. Use your phones to record the space, speaking from their perspective. Think about what the organs do and how these relate to this space. Who has access? How does it feel? Does it move? How does it relate to other parts of the building as body?

A WORKPLACE HYSTEROSCOPY



Uterus: the performance space - it's dark, hidden away, the way it moves, you can pull out the chairs, it contracts, the ways things can be held within it, it's quite tough, concrete, it's a strong room, like a strong muscle. Also the toilets downstairs, the colour is referencing certain things, it's quite a feminine area - females are quite comfortable talking in them, quite open talking about cycles and everything, it's quite private as well.

Fallopian tubes: the corridor that goes from Gallery 4 right down into the basement; it doesn't have any connection to the office.

A WORKPLACE HYSTEROSCOPY

The ova: menstrual cycle associated with the GAs; they don't work regularly, quite cyclical, precarity of the contract; knowledge of the building, disconnection with people in the office - disconnection between the two.

Ovaries: finance because giving the eggs - finances for an exhibition, project... polycystic ovary syndrome can happen to ovaries, a chronic condition that affects the entire body, can affect hair, weight gain, gut problems, even though it's one small part of the body it's so powerful it can affect the whole; during moments of stress, there is less releasing of eggs.

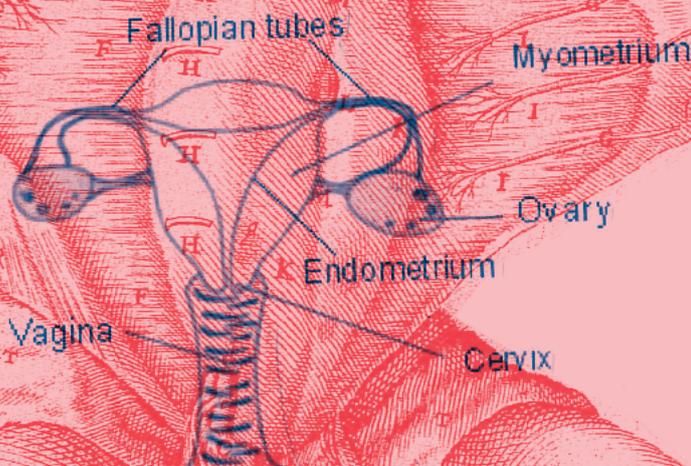
Clitoris: Kitchen and staff room?

Vagina: entry and exit, two way system, self cleaning, secretion, procreation, all the roads lead to the vagina, same but different - every vagina looks different, private but voyeuristic, the only visible part of the whole reproductive system, associate it with the galleries; it's the first thing people see from the whole building, its always changing, it's a cycle, it's not self-cleaning! Things look on first appearances quite intimidating, once you kind of go in, it's not so bad... !

Vagina: a space of private entry or exit, something more secretive, quite taboo, quite a female space with men leading; our vagina and sexual reproductive systems are still talked about and addressed in quite a male way. The speculum device hasn't changed since it was made in the 1950s. The tech office - a private space in the building that people wouldn't know about - you'd have to know about to have entry and exit; it's a male dominated in a female space which is our building.

Issues:

- 1) Lack of informal staff gathering space
- 2) We need space for a private conversation
- 3) The shutters on the windows to be taken off so there is more natural light
- 4) The lighting in the green room gives headaches
- 5) There was also a question with the furniture as it isn't the most comfortable or practical
- 6) The airconditioning means that a lot of people get ill as it is recycled air
- 7) The capacity for desk space
- 8) The kitchen situation is that we can't have a microwave in there as there is no door. So we have to go to the Green Room which means going through the Space but if that is being used you have to go through the education room and if that is used you have to go with your soup through the gallery. But you're not allowed to take food through the galleries, so you end up going through the basement.
- 9) Storage: every year we spend about 10000 pounds on storage
- 10) Without storage we have to throw out furniture we could use again
- 11) The office of the technical team which has no light. But note NONE OF THE TECHNICAL TEAM ARE BOTHERED BY THIS



PERIOD PAINS: NOTES FROM THE OFFICE RECONFIGURATION WORKING GROUP

AN ARCHITECTURAL HYSTEROSCOPY

This is a conversation between a patient (building) and doctor performing a hysteroscopy:

Patient: ...uh... I can feel something in my vagina...

Doctor: We enter through the vagina and cervix into the uterine cavity. I can see a staff room and kitchen in here. Let's start with the staff room. This particular space seems a bit difficult to access, there is definitely no wheelchair access. I've had to go through the basement.

Patient: Yeah, before we had a kettle in the staff room, you had to make a drink in the kitchen and take it all the way there – in a 10 minute break. It can be really awkward sometimes to find an easy route.

Doctor: The staff room has no windows. But it's surrounded by mirrors.

Patient: The loss of daylight in there can be quite affecting, certainly in winter. I'm one of those people affected by that, if you leave home when it's dark and leave work when it's dark... and sometimes you're in dark exhibitions, it can have an effect. And you know you've got to sustain that potentially for 12 weeks or more, the duration of the exhibition.

Doctor: Yes the air system can affect people's health too. It would be interesting to look at how many people take time off work or go off sick. Who uses your staff room?

Patient: The staff room is one of the worse spaces and it is for Gallery

Assistants. The space can emphasise a feeling of being at the bottom of the hierarchy of the organisation.

Doctor: The staff room does seem like an afterthought, not formally part of the uterine cavity, maybe a staff room wasn't in the original design of the building? The architects probably didn't know the Gallery Assistant job existed when you were built and that they needed a staff room. What do you use this space for?

Patient: I use it to reheat my lunch in the microwave and eat it. It's the only microwave in the building. It's a bit off putting seeing yourself in the mirror eating. I sometimes have a nap. It's the only place you can actually sleep – there's a sofa, you can turn the lights off. There's a toilet there. The Gallery Assistants come here to chat, off-load, debrief. It gets used as a cloakroom. There's even a little 'Imp Gallery' curated by the Gallery Assistants in there.

Doctor: You have an odd temperature in the staff room – it can be both cold or stuffy. Does it get claustrophobic? It's quite cluttered.

Patient: Sometimes, the staff room can also be a useful escape.

Doctor: Now let's find the kitchen, it should be nearby. I'm struggling to find it. Are you doing ok?

Patient: Can I have a drink of water?

Doctor: Can you hold on? I need to continue investigating here a bit longer... ah, here is the kitchen, it's so small I nearly missed it! Oh dear, it looks like it is rotten above the dishwasher. I might have to take a biopsy of that. How do you find the kitchen?

Patient: Apart from getting water from the water cooler, I don't really use the kitchen – there isn't really time. I eat my lunch at my desk, but that's my choice. If I go out I'll always come back and eat at my desk.

Doctor: That's strange. It seems like it is overused from this angle. There's a draw handle that falls off when you pull the cutlery drawer out and there's only plastic forks in there. There's random items of Tupperware but no cups.

Patient: It hasn't got the things you need.

Doctor: Who tidies up? Who cleans the dishes? Why isn't there milk stocked in the staff room as well as the kitchen?

Patient: It's a communal space, we should all be doing it. We used to have a cleaning rota. We should do that again.

Doctor: It seems that there's no-one responsible for these spaces. There's no-one taking care. Unless you dictate who is responsible, you won't do it because you think someone else is going to do it.

Patient: I feel like we're all to blame. It's not just a case of saying who's responsible. I work here, I'm responsible, so are you, we all are. It's about mutual respect. I put all the pots away most evenings and that's not because I feel like oh, if I don't do it no-one else will. I think it's quite nice to end the day with something quite ritualistic to shut your mind off a little bit.

Doctor: You could do with some little pieces of wellbeing in here: non toxic cleaning products; good coffee.

Patient: I get totally laughed at for using organic products.

Doctor: It would be good for you to have more space for the kitchen and a staff room that is accessible. Maybe we could think about opening up a route from the office to the meeting room? It is good the rooms are being renovated, but let's think more long term on how this space is being used. Some forward planning rather than patching up problems as they come. What about asking for a yearly fund to improve these spaces within the uterine cavity?

Patient: If the kitchen and staff room were a common space together, that would be ideal. It would link up different members of staff. You would think about not just going to work but you would have a different space for different ways of thinking about work.

Doctor: Where do you have meetings with each other at the moment? It seems the staff room and kitchen aren't conducive to meetings.

Patient: People use the Director's office all the time, whether he is there or not. The door is always open anyway. I don't have my own space.

Doctor: Is there somewhere to meet with your supervisor when you have your annual cycle?

Patient: I haven't had an appraisal in 2.5 years.

Doctor: That's something we need to address to start up a regular appraisal cycle again. Do you have built in counselling to reflect on your work and how it makes you feel? You should really have a comfortable safe space for these meetings.

Patient: I had one of my most productive meetings completely outside the uterus (office) because we could talk about stuff without fear of anybody else hearing. It was really nice, we got a lot done.

Doctor: And what about breaks from work and productivity?

Patient: I often propose to make tea in order to take a micro break. I normally go out for breaks. I have an hour at lunch, but no smaller breaks.

Doctor: I am shocked you don't get paid on your lunchtime! You need to protect your social reproductive choice, maybe there needs to be a reminder to staff that they are not getting paid over lunch!

Patient: Staff wellbeing and social reproductive awareness isn't a real priority and never really has been.

I remember on opening nights we all got food if we worked here but we were told the Gallery Assistants weren't allowed the food because they didn't do enough hours. Now we buy a buffet for them every opening – so they can grab something in the staff room.

Doctor: This isn't the worst social reproductive system and workspace I've seen. Have you or anyone else complained about it before? Although what the endoscopy has revealed is important, maybe these hidden spaces are further down the list than other complaints...

Patient: Top of my list would be behavioural things.

Doctor: Maybe it's related in some way?

Patient: What can we do to make things better? This whole hysteroscopy has confused me but it has opened up a space to be able to voice stuff and I haven't been given a space to do that. So thank you.

Doctor: Thank you. I'm going to step out for 5 minutes, just in case there are things you want to say without me here.

all members need to be doing the same process

Create an annual review process that is carried out by all departments. Allow employees to decide who they want to be reviewed by.

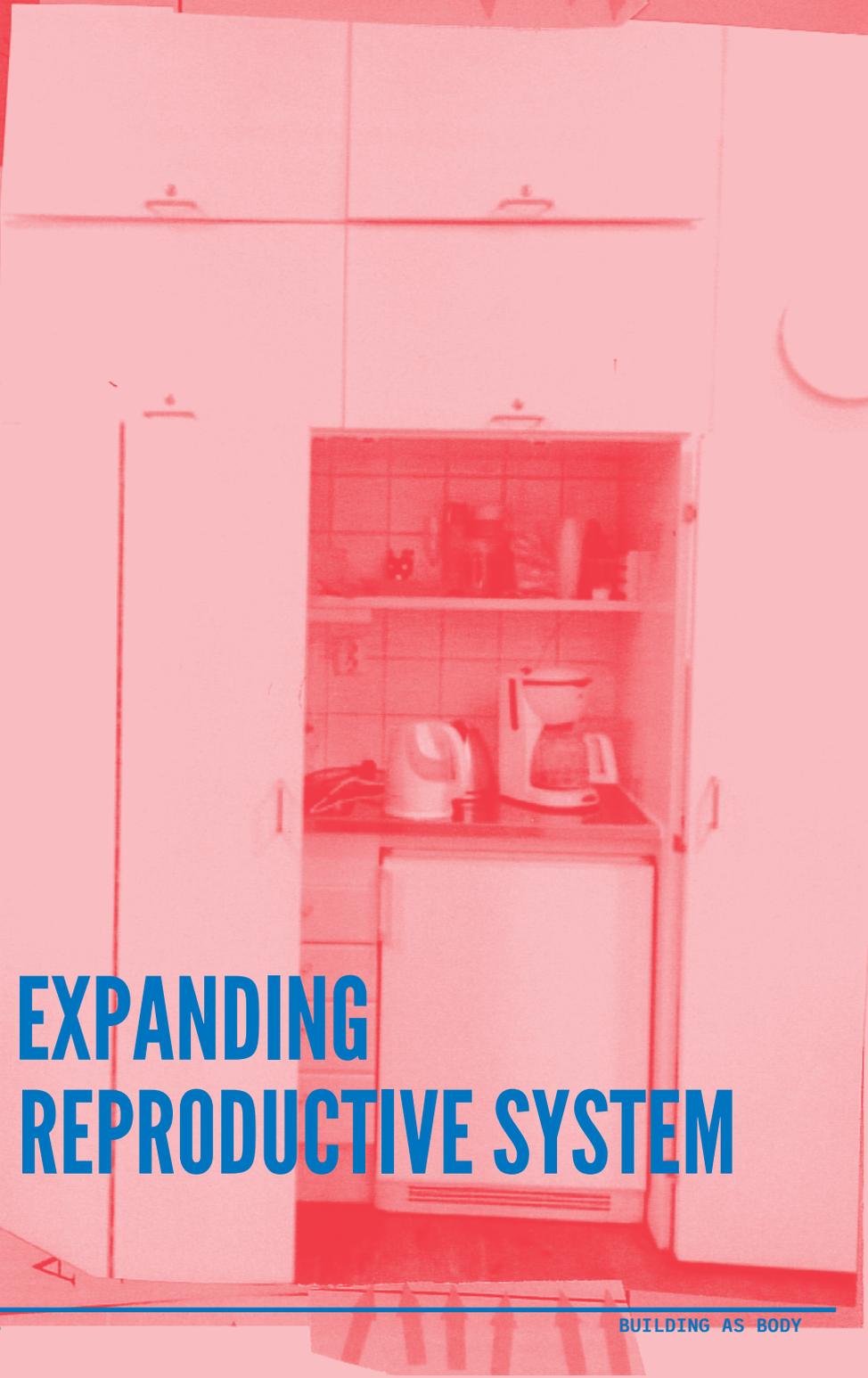
Employee forum

Working with a member of the board create a staff development policy which includes budget for an annual discussion with a careers advisor.

of experts on Board

Provide more employee to that is paid Ham Contemporary meetings a year

Removal of metal grids in windows in office and replaced by graded vinyl to above computer level to comply with security measures.



EXPANDING THE SOCIAL REPRODUCTIVE SYSTEM

MAINTENANCE AND CARE OF THE BUILDING AS BODY

AN INTERVIEW BETWEEN THE ARCHITECT AND THE BODY

Body: What is your broader experience of how architects think about how bodies are to work in?

Architect: When we design bodies there are a lot of questions to consider: Who is going to use the body? What will it be used for? What does it feel like to be in the body? What is the atmosphere like in different areas of the body? What materials are parts of the body made of? What processes will happen in the body? How do visitors, staff and products move through the body? Even though this body is an art gallery it needs a lot of people to run it, to support it and keep it alive. How the body is built for use is a big question of whether a body is healthy or not, which is assessed by how the body can be an efficient, inspiring and creative place.

Alongside this, it is also about the urban design, the aesthetics of the body, how the body works with others in the city.

Body: How am I expected to live and how am I maintained? How does that also come into the practice of how you design me?

Architect: To build a healthy body that will last, we wanted to start with a found space, so it felt like someone that has always been there. The discursive development of the body with others who lived in the city was unusual and a great collaboration. We also tried to build a very robust body, which is

why you are made from concrete and dug into the ground so you have a feeling of a cave. I'm really proud that you are ageing so well, you're 10 years old and still look good. You need to look good for another 10 years.

In terms of maintenance, bodies usually live for 25 to 30 years, so, at 10 years old you probably need some light refurbishments, such as your floors (skeletal strengthening), kitchen (social reproductive therapy) or redecoration (like moisturising the skin). We had a discussion at the beginning of your life about longevity and the plan was to make you with robust materials which last. As your architects, we are not the ones who are checking up on you, we have to hand you over once you're born into someone else's hands.

Body: Yes, you have embedded me well into the landscape and the city, but it seems at odds that those maintaining me now do not have that longevity built into their job roles here. (The conversation is interrupted with a worker in the cafe bringing some snacks. Whose is the scone? Latte?) How much did you think about social reproduction in the designing of the building?

Architect: When we designed you, we didn't know there were going to be so many inhabiting you. The brief we were given assumed there would be 18 staff and a few extra temporary workers. It was clear that the space for staff is limited with no proper staff room or big kitchen but those were the constraints of the site and the financial pressures on the project.

Body: So that was the reason I don't have a staff room?

Architect: Yes. We assumed there were 18 permanent staff and it was discussed and agreed with the client that the meeting room or the education space could at times be used by the staff to have their lunches.

Body: One of the design decisions was to give me an open-plan office. How have ideas around the open-plan office

changed since you originally designed my interior spaces?

Architect: How office space is thought of today has changed a lot. When we designed you, open-plan office design was very popular (we have that in our own office). The way it works well is when you work as a team and it is easy to communicate with each other. You sit around the same table, you overhear conversations your team members have and you stay informed. It comes to a limit though when lots of people have conversations at the same time. It can then get difficult to focus and to concentrate on your work. We were favouring an open-plan office as it allows a communicative and collaborative way of working, a view which was shared by the client. Also, with the available space it was the only way to accommodate all the staff.

We have designed a number of office buildings in the last couple of years and the client always wants us to provide a variety of different floor layouts: this includes cellular offices, offices around a more informal 'combi-zone' in which you can work temporarily or meet and an open-plan layout. It is more and more common for people not to have their own personal desk anymore. Instead they have hot desking and then they have zones or rooms where they meet. So that seems to be the way it is heading at the minute especially in creative businesses. It depends on the profession though. Lawyers for example, are more likely to prefer cellular offices.

Body: I wanted to ask you about the metaphor of the building as a body and how you relate to this metaphor?

Architect: I find the metaphor interesting. I can see how the metaphor works very well but find it a bit difficult as to the question of where to locate the vagina! For example, the womb, that for me would be the office, as it is the place ideas are cooked and grow, and then they come out in the galleries or in the performance space for the public.

The idea, with you, was that people move through you and everywhere people go they have these sites where they can see all the other parts of your body, both from outside and inside, so they can see what is going on in each body part or organ.

The metaphor of the body brings in ideas around feeding, looking after yourself, giving yourself a rest, having space to relax and recharge. When does the building get a rest? When does the building go to the doctor?

Body: Is 'sick building syndrome' something you've come across?

Architect: Not really. But it makes me think if you have spoken to people who have left your body and why they are leaving? What are the reasons? The stress? The long hours? Is it compatible with having a family?

Body: Yes. It's a good point, and something we highlight in the circulation chapter, as a method to build up a picture of what body you are entering as a worker. Do you ever go back to the bodies you create?

Architect: I do, perhaps not as often as I would like to, but I always enjoy it! I stopped working on you in spring 2009 as I had my first child, and I came to the opening of you in the autumn and I remember feeling very emotional. Seeing people enjoying your body is a good feeling and I feel very attached to you.

Body: Is there anything you would have done differently?

Architect: When you're looking at the cost of thousands of pounds per square foot, what gives? The cost of having a body that delivers to the public at the point at which they enter into it, the kinds of things, including storage are the first things that give. There are other budget compromises, for example the floor: we wanted a solid wood floor that can be sanded many times, but we had to achieve some savings and so ended up with a composite floor board.

Body: It is interesting in relation to the question of the public. Distinguishing between who is staff and who is the public is unclear as staff are both things. The hierarchies of cultural production, just like the hierarchies within my body, concerning what gets prioritised, remain undisturbed. When lying here as people pass through my body I often think it would be interesting to see how these publics and staff cross over and what actually goes on within me.

For example, the office space (stomach) can be argued to be a public space as it is used by public when they hire out the meeting rooms. The line between public and back stage in my body is not clear. What are those barriers and who are they for?

Also when you ask me or the Office Reconfiguration Working Group about the conditions related to period pains, you see that my body is meant to represent creativity and ambition at its core, yet it appears that my body is actually not a very creative workplace for a lot of people.

Architect: It is good to remember that the idea of your body was conceived in 2003/2004 when the arts and public funding was a completely different landscape. The pressure to self-generate income through things like room hire wouldn't have been around then. And, right when you were being built, the economic crash came so your constructors went into administration. Other changes like a much bigger learning team and changing in funding from the University have all influenced how you've grown.

Body: Thank you, it has been so enlightening talking to one of my creators! Thanks for returning and reflecting on my life with me.

I KNOW

WHEN I

DO TOIL



5. COLLECTIVE REMEDIES FOR THE SICK BODY

fake. UP stairs
DOWN stairs.



“The building, or any other artifact of the creative impulse seen as offspring, as childbearing surrogate, is clean, whole, and ordered. It appears, complete and full-blown, at the end of an uncertain period of gestation. The ‘real thing’ is not only a triumphant production of a complete, but still-developing project at the end of nine months, but a messy, bloody, erotic event. Another architecture is an architecture of abjection (the thrown away). At the moment of birth, the body gives forth excrement, vomit, blood, mucus, as well as a human being. Abject offerings, gifts, they are the products of flows. The abject products of the body might be metaphorized in the abject products of the body politic – detritus of street and home – toward a project of positive fetishizing, supplementing excrement, vomit, and blood to the phallus”.

(Bloomer, 1992, p.27)

CONCLUSION: THOUGHTS ON BUILDING-BODIES

This final chapter suggests some collective remedies to respond to the ailments found within your building-body: writing-up a health assessment report for the Board; suggestions for body scores and a lexicon of body movements for Gallery Assistants/Invigilators; instructions on how to perform a colonoscopy, colonic irrigation and tips for taking a collective poo in your organisation. You can also find a design brief and sketches for the production of your own Wandering Womb mobile kitchen and staff room.

These ideas and reflections are for you to take and use in ways that make sense to you and your co-workers. As a minimum, we hope our Manual provokes some fun and revealing conversations around the water cooler. We invite you to read it on your tea break, on the toilet or on your commute. How does it make you feel about your workplace?

What follows is a final doctor's note on the Building as Body, written by Manual Labours, the facilitators of this process. They reflect on the findings and questions uncovered during the investigations into my body, relating the study of my inner workings to broader contexts such as the role of the researcher, the use of metaphor, and architectural practices.

WHO'S THE DOCTOR?

Beginning our investigation into this particular building-body meant we needed to develop new tools together with staff, in order to understand the complex and colonising relationship a building and its institutional logic has on the bodies that work there.

We hope you have been able to glimpse at some of our exchanges, and even tested out some of the workshop ideas we have developed together with staff, to try and delve beneath the surface of the spaces we work in. In some cases, these methods are light and humorous (often helpful when discussing chronic sickness and difficult conditions), and in others they are more serious, however both methods can tie to more broader and complex implications. The extent of the investigations depends on the different positions and conditions of work we are experiencing, as well as the different struggles we negotiate and privileges we each have, and how these intersect. Some maybe able to take more risks

by investigating their workplaces than others, for example.

Most of this Manual is anonymous in order to protect the workers who have been exploring the building as body with us. However, it has been difficult to

anonymise the entire workplace and the fact their name appears demonstrates the organisation's support of these investigations. It takes courage and receptiveness for an organisation to allow outside researchers into their the building-body to work with staff in a collaborative and exploratory way, especially when that means engaging in an honest critique of their workplace. We recognise that it is not easy for organisations to open up in this way. This should therefore be seen as a progressive move which we would like to acknowledge and celebrate in the hope that other institutions and workplaces will follow their lead. We have not underestimated the level of commitment and risk our fellow investigators have

"... this whole process has confused a few people but it has opened up a space to be able to voice stuff that hasn't been given a space to do that. So thank you. Thank you for giving us the opportunity to moan." (Member of staff)

taken, at all levels of the organisation. Decisions on what to make visible and what to share has been a constant conversation between us and the rest of the staff so that all feel secure in how we disseminate these tools.

The metaphor of the building as body has thrown up many critical considerations for our practice as Manual Labours. For example, how do we embed a critique of the patriarchal doctor-patient relationship, if as artist-researchers we adopt the roles of lead physicians? How does this reflect the collective nature of our investigations with staff to whom we are indebted? Rather than having the knowledge to be able to analyse the institution ourselves, it is in fact the workers within this building-body who are best placed to share how things operate in the day to day, knowledge and information that we can start to reflect on together, and begin our analysis. Our role in this context is one of facilitation in which we offer methods that could help in guiding a group of fellow physicians through an investigation of the body we occupy together. On the other hand, our presence in this particular body was by invitation, approved by the building-body itself. In that sense, we are using and misusing the master's tools, not to dismantle, but rather to collectively reflect on the master's house and what it's doing to us, as well as trying to build new apparatuses in the hope that it might become a better place to work. This position as invited outsiders enabled us to take responsibility for the treatments we have initiated and the prescriptions we have put forward, both good and bad, offering a protective layer between workers and the organisation that pays their wages. This leads us to the question of whether this kind of investigation into the very

“To re-negotiate the relation that the ‘feminine’ might have to ‘architecture’ from a critical and theoretical position is no easy task, it involves work – speaking and writing. Audre Lorde once stated that ‘the master’s tools will never dismantle the master’s house’, if so what other tools do we have at our disposal? (Rendell, 2009, p.1)

“Oppression took place in the seemingly trivial details of day-to-day interactions... the office oppression might inscribe itself directly on the body, producing material effects that could be called occupational illness.” (Murphy, 2006, p.65)

body you work in could be self initiated? Can, and would bodies conduct a self-examination? What would be possible to see from this perspective? For example, as we were doing these investigations, the workers were organising as trade union members and trying to establish a negotiating position within the organisation. How has our investigation supported their work to represent themselves and advocate for better working conditions? It has often been discussed how quickly bodies become institutionalised within their workplaces (or even outside of them), how quickly blind spots grow, and how energy to do things differently can soon be diminished. Can the benefit from having other bodies, with different experiences, entering your workplace, be so that the responsibility and precarity connected to workplace critique does not just sit with those who are trying to hold on to their own jobs?

SICK METAPHORS

The metaphor of the building as body and the associated amateur biological terms that this Manual adopts, tries to build new languages for institutional analysis and body critique. In Manual Labours' last project entitled 'The Complaining Body' artist Sarah Browne discussed how she felt that her workplace complaints were silenced or not heard but instead expressed through the illness of the physical building she worked in.

Seen in dripping taps, walls with mould and broken coffee machines, for instance. Another woman involved recounted how she tried to describe her headache pain to a doctor who refused to believe she was suffering. Patriarchal emphasis on rational, authoritative language can make us feel stupid, deaf

and blind to other forms of expression and experience. Through the metaphor of the building as body we hoped to find a different way for people to express their relationships to the building

without jeopardising their own job or offending other colleagues. We hope that the fictional space of the building as body and its organs offered a parallel world in which workplace complaints could be digested, circulated and excreted differently.

Having found ourselves in the world of illness and metaphor it also raised new questions around the psychology of sickness and shame that have provided new insights into the currency of well-being at work programmes and the pervasive dogma that a happy worker is a more productive worker. What and who is a healthy body and a sick body, and what norms do these metaphors perpetuate? In this case, a recapitulation of the good worker as one that cares about the holistic health of the whole organisation and their relationship to colleagues, not only its public performative facade, has been at the heart of our investigation. The writer Susan Sontag discusses the shame connected to sickness due to the myth that it is the fault of the patient as to why they have become ill:

“According to the historian Keith Thomas it was widely believed that the happy man would not get the plague. The fantasy that a happy state of mind would fend off disease probably flourished for all infectious diseases, before the nature of infection was understood. Theories that diseases are caused by mental states and can be cured by will power are always an index of how much is not understood about the physical terrain of a disease.” (Sontag, 2009, p.55)

Whilst Sontag is discussing the historical conception of disease, sadly this pathology still continues. The fear of appearing as a sick, non-normative, or dis-functioning building-body is masked by institutions and their staff having to put on superficial performances of positivity to each other and their publics. The discrepancy between the outer appearance of a building and some of the toxicity of its inner workings stands as testament that as long as institutions appear healthy on the outside things can continue

as normal – a situation beautifully captured by a member of staff during one of the workshops: “the toes are painted but the heels are cracked”. Our analysis suggests that even if the purpose of a building (in this case, a cultural space), is to offer health, educational and cultural benefits to its visiting audiences, it is often reliant on and can lead to, the deteriorating health of the bodies that work inside it. Following Diane Agrest’s (2000) notion that architecture is predicated on sexist, racist and classist regimes, it is possible to accept that all buildings are already in a state of structural sickness, that is spread to the bodies of the workers inside them. If we collectively begin from here, it might be possible to discuss ways in which to change these workspaces and institutions.

WANDERING WOMBS

Susan Sontag tries to understand notions of illness in her book *Illness as Metaphor* (2009). For Sontag a normative understanding of illness is that, “illness comes from an imbalance. Treatment is aimed at restoring the right balance – in political terms, the right hierarchy.” (Sontag, 2009, p.76). If a healthy body is one with the right kind of hierarchy, the right kind of politics, it forces us to question what kind of building-body are we building? Or from whose perspective? What if you don’t want to restore hierarchy within the body or reproduce the productive motivations of well-being at work programmes? What if you want to dismantle that body and build something else instead (for example, a healthy body in our configuration might be built with an overly large social reproductive system and more generous spaces attached to it)? Addressing the need for more staff space and socialising in the organisation, the Wandering Womb – a mobile kitchen and staff room run by staff – is one attempt to resist restoring the ‘right balance’. Instead, it rather embraces a healthy practice of imbalance through its awkward wanderings around the workplace.

The concept of the Wandering Womb was first pathologised by the Ancient Greeks. Scholars thought that the womb could move out of place and float within the body. It was this ability of the womb that they believed caused women's 'illness' both physical and mental, and physicians would use sweet smells at the vagina and lurid smells at the nose to lure the womb back into its rightful position. Of course a good cure for a wandering womb was to remain pregnant which tethered the womb in place.

Our Wandering Womb, designed and built with artists, technicians and designers Effy Harle and Finbar Prior, is a playful feminist prescription for the patriarchal conception of 'women's illness'. Its capacity to wander the rooms of the organisation (both public and private) can institute new situations of contemplation concerning our circulatory problems, digestive complaints and social reproductive struggles. The ancient Greeks saw the wandering womb as a tool of disruption to the normative operations of the submissive 'healthy' woman. This Wandering Womb embraces disruption to the hierarchical balance of the workplace, drawing on its capacity for instigating collective conversations and architectural misuse in many areas of this body.

ARCHITECTURAL MISUSE

As discussed in the feminist architecture collective Matrix's 1984 'Making Space: Women and the Man-made Environment', architecture and the design of the spaces we work, eat, shop and spend time in often overlook a central concern – who will be using these spaces. Bodies with accessibility needs, pushchairs and the elderly can be all but an architect's afterthought in many of the spaces we are forced to occupy. In addition, as Jennifer Bloomer argues, buildings whilst thought of as concrete fixed entities, are better understood as a, "messy assemblage of

flows, both immaterial and material" (Bloomer, 1992). Feminist architecture theory argues for an emphasis on the needs of those who will use the building, and the messy, often complicated desires, movements and needs the building can evolve to accommodate. In Jane Rendell's text 'Undoing Architecture' (2009), she argues for the potential to resist and challenge the ideology of stasis already inscribed in the building's walls, through forms of what she describes as architectural misuse. During our time with staff we saw many examples of this resistant practice, from a bench in the stairwell used by staff for breaks as a phone signal is received there, to a kettle in the staff room so Gallery Assistants don't have to trek across to the open-plan office, as well as breaks by the photocopier to chat to colleagues. Through these habits of misuse, the building develops another system of operating, a body system of misuse that seeks to resist and redefine the way the workplace determines encounters, controls and suppresses the body of the workers within it.

As part of Building as Body we have been lucky enough to discuss these investigations with one of the original architects of the building and facilitated a meeting between them and members of staff. This rare encounter provided an opportunity to discuss together ideas and limitations related to the building of this body. It was noted how unusual it is for an architect to return to a building to see how it functions with respect to the original designs. We discussed the gap this highlighted within architectural practice between the building as a designed object and how it is lived through those who use it. As Jane Rendell writes, "Architects do architecture. Builders do architecture. Long after 'completion', users do architecture. They 'do it themselves'" (Rendell, 2009). Lack of resources arose as one reason it is difficult

"Desiring creatures transgress, 'desiring practices' resist conventional ways of doing architecture, (un)do architecture. Doing it yourself can (un)do the commercialisation and commodification of architecture, can work against the logic of architecture and the architects intentions. Undoing it yourself can signify an act of resistance."
(Rendell, 2009)

for architects to maintain connection to buildings, and thus, brought up larger structural questions concerning economy and lifespan that each building, (particularly those connected to public funding) is challenged by. These limitations can be seen at both the level of the worker and the building both without time to repair, or maintain themselves, beyond superficial measures.

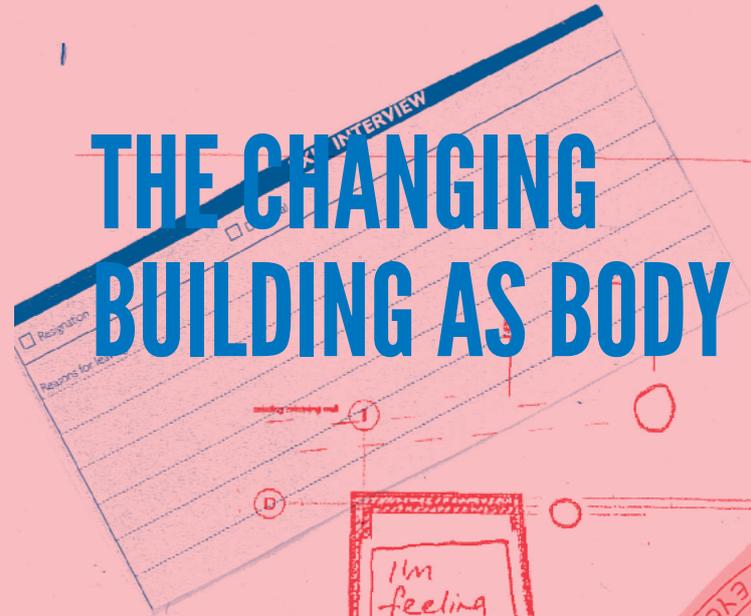
Drawing on Heidegger in the article 'Out of Order: Understanding Maintenance and Repair' Nigel Thrift and Stephan Graham state that, "things only come into visible focus when they become inoperable – they break or stutter, then they become the object of attention" (2007). That the maintenance and repair of things (including bodies), is an invisible task and labour and that this labour only becomes visible when the maintenance becomes too big to cope with, is a feeling that came up throughout our explorations together. Both our workshops and the scrutiny they provoked hoped to bring to the surface these backstage grumblings, in order to find other ways to address these problems before they reached crisis point. The collective health assessment is one such example. When translating a huge collective health assessment of the organisation into a document for the Board, we were told by the organisation to edit down our health assessment to omit administrative information (such as paying wages, organising rotas, the booking of meeting space, ordering stationery, buying milk) as the Board are more focused on broader public-facing concerns and the financial security of the organisation. However, it is precisely this kind of detail we wanted to address at Board level, the highest level of the hierarchy, so that these everyday labours were acknowledged and taken seriously. These administrative details may seem trivial, but focusing on them may have the potential to reveal some of the cemented hierarchies, social dynamics, staff welfare and economic challenges at the heart of an organisation. And even though the Health Report to the Board may have been sanitised and translated into a language to which the Board would hopefully respond, an earlier

manifestation of this document, which saw the hallways of the workplace lined with comments and complaints about the different spaces and processes within the building, was important and difficult to ignore. The task that is still underway is how are these comments not only aired but are listened to. Small changes have been achieved, such as a new fridge, a new dishwasher and new kitchen equipment and should not be underestimated. Larger structural changes to this body, for example, changes to the lighting, and a new staff room and kitchen are ideas that have been taken to the Board but, with the weight of limited budgets, we must wait to see how they might develop.

In a climate when budgets are forever tightening and the responsibility of caring for workers increasingly lies with the individual worker rather than the institution, it can be understood that money to redesign a staff kitchen, or implementing a meeting room might be seen as a luxury. However, this logic can perpetuate an overworked and stressed workforce and breeds further competition and hostility between different workplaces, rather than a collective conversation around staff welfare and how to negotiate economic pressures between (in this case), building-bodies in the cultural sector. Furthermore, the 'love' and commitment workers often have for their work can often lead to self-exploitation (see Hope and Richards, 2014). What potentials might grow if staff decided to listen to each other more and workplaces decided to listen to their staff and take their experiences and suggestions seriously? Could it be one step in the right direction for re-orientating what work should be, and what a workplace can feel like?

THE CHANGING BUILDING AS BODY

CONTINUED ON NEXT PAGE



I WANT HOMEOSTASIS

I'm feeling so stressed. I might look calm & collected but I'm suffering inside. My hormones are a mess.

THE LACK OF NATURAL LIGHT IS AFFECTING MY CONCENTRATION. I'M FEELING DROWSY & DEPRESSED. MY LOW LEVELS OF VITAMIN D IS AFFECTING EVERY CELL IN MY BODY.

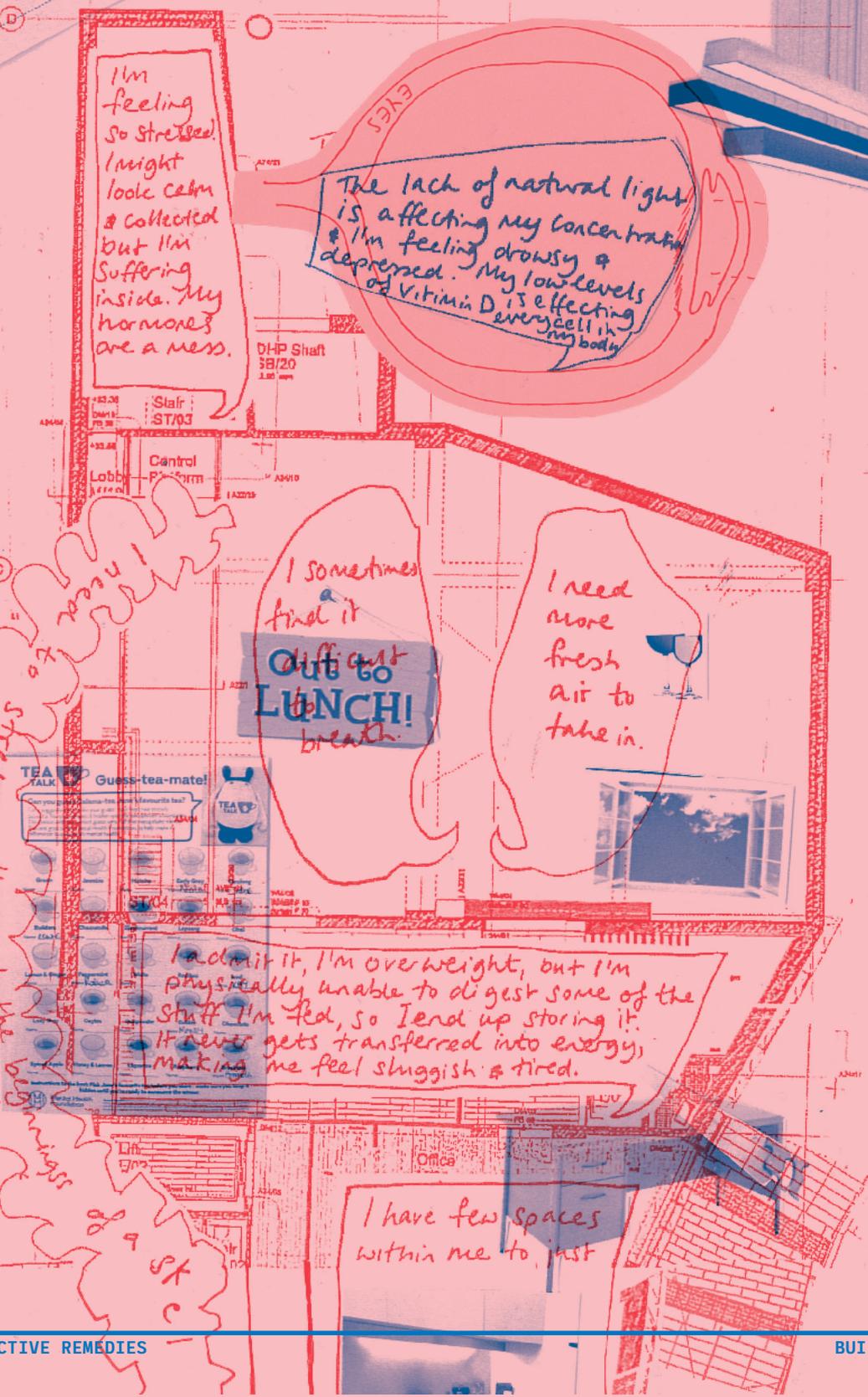
I need to stretch. I've got the beginnings of a stomach ache.

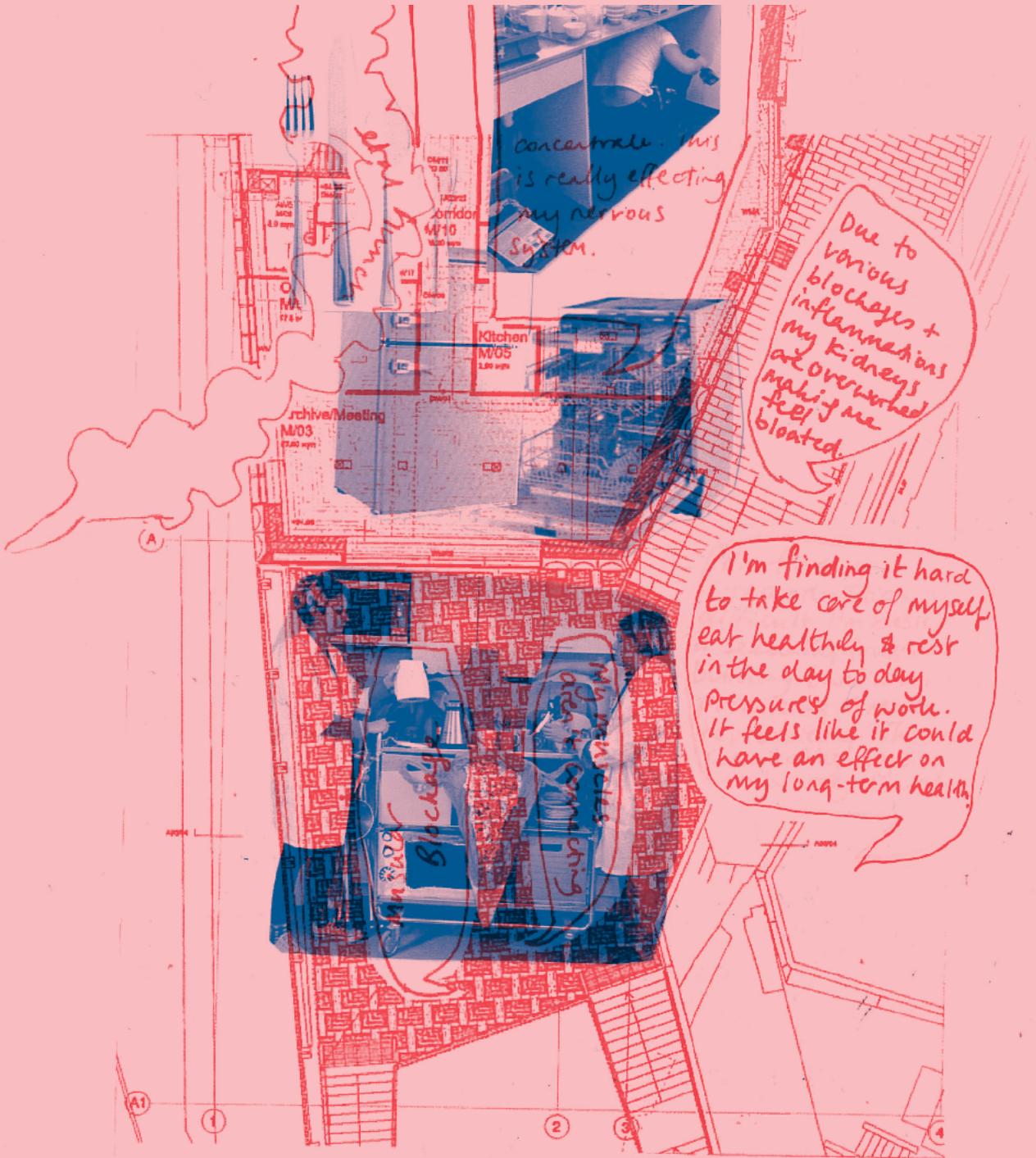
I sometimes find it difficult to LUNCH! to breathe.

I need more fresh air to take in.

I admit it, I'm overweight, but I'm physically unable to digest some of the stuff I'm fed, so I end up storing it. It never gets transferred into energy, making me feel sluggish & tired.

I have few spaces within me to, just



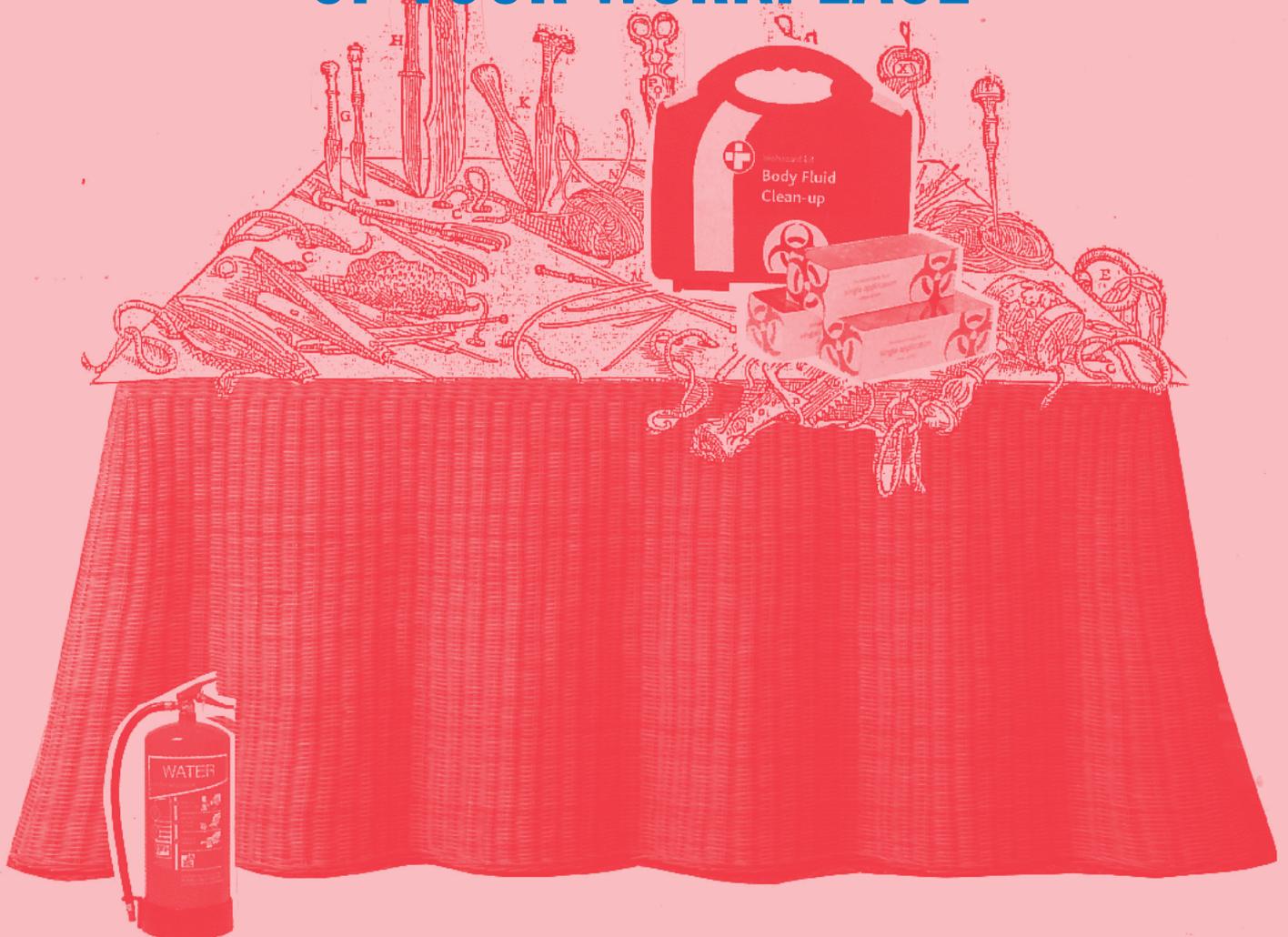


THE CHANGING BUILDING AS BODY



1. You've got to know your building as a body, carried out health assessments, prescribed remedies, explored different parts of the circulatory system and carried out an upper endoscopy, hysteroscopy and colonoscopy to really get to know your workplace. Now it's time to consolidate your inspections, findings and proposals and present them to the bosses, Board Members and budget holders of your organisation.
2. You can use the table to place your information. Think about the different spaces and the issues staff have raised. Add spaces and columns.
3. Hold a workshop with co-workers to have a look through all the suggestions and get feedback.
4. Decide on your demands and suggestions for change. Divide your suggestions into this into actions for free, medium and high cost and short term and longer term changes.
5. Decide how you want to present this information to the bosses, Board Members and budget holders.

A COLLECTIVE HEALTH ASSESSMENT OF YOUR WORKPLACE



A COLLECTIVE HEALTH ASSESSMENT OF YOUR WORKPLACE

Space	Issues	Actions (free)	Actions (£)	Actions (££)	Short-term	Long-term
kitchen						
Staff room						
office						
Storage						
...						

A LETTER TO THE BOARD OF THE BODY

Through practical workshops we have been finding out how the building makes us feel physically and emotionally. This has meant working with staff in all roles of the organisation and understanding the everyday life of the building and the myriad of work that goes on here. The organisation is outward facing and therefore the main focus of attention for staff and the Board. We have found that this can mean the inward facing job of caring for the building and bodies that work in it can sometimes be overlooked.

Due to a growth in project-funded roles, there are increasing pressures on spaces for staff to work, have meetings and take breaks. The results are multiple difficulties in capacities to work and live healthily. Staff welfare is now being addressed at a number of levels, such as through the new Employee Forum. **We would like to bring staff welfare and development to the Board's attention for regular discussion as part of their meetings.**

Our workshops have also led to a number of specific suggestions to improve the interior architecture of the 'back stage' of the organisation. We would like to bring these to the Board's attention and ask the Board for their support and consideration for investment.

Small-scale investments: Office windows and Staff Room redesign

1. Invest in the removal of metal grids on the windows in the office. The lack of natural light and fresh air in the open-plan office creates difficult working conditions and affects the ability to focus. We suggest hiring an architect/interior designer to devise a way to change the windows in order to allow natural light and fresh air in, but to still comply with security measures (for example mirrored glass).

2. Redesign the Staff Room to create a comfortable environment for all staff. As the staff room was originally made as a dressing room it is not fit for purpose as a staff room. Staff found the lack of natural light and low temperature made it unsuitable as a staff room space. Invest in the redesign of the staff room to act as a suitable place staff can take breaks in or relax. Make cosmetic improvements concerning the heating, lighting, storage, as well as installing a sink, water supply and new furniture so that it is possible to function as a designated staff room for all staff including the Gallery Assistants.

**Long-term investments:
Office Floor Redesign**

1. A longer-term, potentially more substantial investment we ask the Board to consider involves the redesign of the staff floor (offices, kitchen, meeting room, corridor). This would build on the shorter-term solutions mentioned above and the needs identified by staff during our residency, particularly around the issues of access to kitchen facilities, space for staff to be able to take short breaks and spaces for private conversations and private working.

We would like to ask the Board to discuss the potential scale of investment they can commit to, in order to redesign the interior architecture of this floor of the building so it is more fit for purpose. Upon this decision the organisation can research and propose a budget and time plan for such an investment. This would indicate that the organisation takes the welfare of its staff seriously and aims to build not only an internationally renowned arts programme, but also a healthy space for cultural workers to develop these programmes. A commitment to the health of the staff, the building, and investment in the working environment would set a significant example for other institutions to follow.

Thank you for considering our proposals.

INSTRUCTIONS

- Through the glass door of gallery 1 and 2, surprise your colleague with wacky moves, inviting them to respond.
- Use the radio to liaise with Front of House staff, subtly linking the useful with the mundane and building up on the surreal and comedy.
- Warmly embrace your colleagues at each turn over, systematically.
- Create idle chit chat on the radio on the themes of new world order, parallel realities.
- A month into any exhibition, begin questioning Front of House via radio on the condition of objects, their position, even their presence.
- At beginning of each new exhibition, survey the gallery for its blind spots, make them places to sit, rest and read, not be watched.
- When alone, relieve aches and pains by leaning, rolling, rubbing or bouncing on a wall. If someone enters freeze and recover as gracefully as possible.
- Get your steps in by circling the gallery. When you get dizzy mix it up and change direction.
- The 100 squat challenge, do as many squats as you can in the gallery. Make sure you aren't spotted. 100 in a shift is the goal. Measure progress after 30 shifts. You can replace squatting with another exercise move if you wish, such as lunges or star jumps.
- Say three things to a visitor that are not related to rules you must enforce, for example "is it still raining outside?".
- Find hidden images in the floorboard grooves, for example, Jesus Christ in Gallery 1.

BODY SCORES FOR GALLERY ASSISTANTS

Lexicon of body movements for Gallery Assistants/Invigilators:

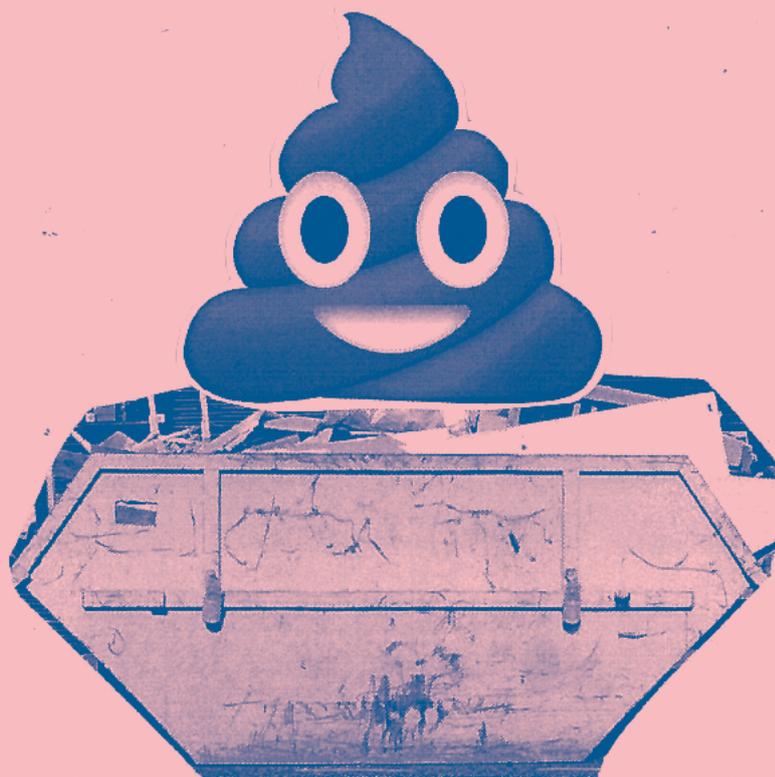
- ★ WAVING = I AM LONELY
- ★ WIGGLE DANCING = LET'S GET HAPPY
- ★ HEAD IN HANDS = I AM IN DESPAIR
- ★ HEAD IN HANDS, TURNS TO SMILEY FACE REVEAL = I AM IN DESPAIR, ONLY JOKING.
- ★ STANDS IN POSITION OF AN ARTWORK IN THE EXHIBITION = GUESS WHICH ART WORK I AM
- ★ HIDES FROM SIGHT AND JUMPS OUT = SURPRISE!
- ★ SLOWLY EDGING TO WHERE THE GALLERIES MEET = COME AND SPEND TIME WITH ME
- ★ ARMS UP = YOU GOT ME!
- ★ BOTH PALMS FACING CEILING, SHRUGGING = I DON'T KNOW.
- ★ DANCING LIKE A ROBOT = WHAT'S YOUR FAVOURITE MOVE?

1. One of the areas I am still having trouble with are my bowels. I know this area proves difficult for you all to access, but keep trying.
2. **Warning:** This involves going deep into my basement with your co-workers (and Board of Trustees) to carry out a colonoscopy followed by colonic irrigation resulting, hopefully, in a collective poo, which is open to the public. This could get messy so wear protective clothing.
3. I might need anesthetizing for this procedure. Shut the front doors and please let me go ^{to} sleep while you purge my insides!
4. Hire a skip and carefully position this at my anus so I can evacuate my bowels when the time comes.
5. A group of brave volunteers from all levels of the staffing structure should start with an exploratory investigation of my bowels by entering my anus with the appropriate equipment in order to identify the different areas and who is responsible for what, note any major concerns, carry out an inventory of what's down there and mark-up items to be thrown/recycled kept. Use William Morris as a guide: "Have nothing in your house that you do not know to be useful, or believe to be beautiful."
6. Ensure all members of staff have had an opportunity to visit my bowels to check what is to be thrown away and kept.
7. This investigation should be followed up by a colonic irrigation to remove any blockages of unused, unloved matter from the body. This could take a whole day and be part of your working hours.
8. Have a staff lunch during this procedure, you will need to keep your energy levels up.
9. Invite people to our celebratory, collective poo in the form of a skip dive party, have a barbeque!

COLONOSCOPY, COLONIC IRRIGATION AND COLLECTIVE POO



COLONOSCOPY, COLONIC IRRIGATION AND COLLECTIVE POO



THE WANDERING WOMB DESIGN BRIEF

The Wandering Womb is a mobile staff room and kitchen which provides a space for distributing and discussing a body of research exploring social reproduction at work. It acts as a mobile location for staff to use practically as a kitchen and staff room during their breaks and provide an opportunity to come together and reflect critically on how their work environments are making them feel physically and mentally.

Ancient Greek scholars thought women's 'illnesses' such as 'hysteria' were caused by the womb wandering around the body. As a cure, doctors would use sweet smells at the vagina and acrid smells at the nose to lure the womb back into position. It was thought that a cure for a wandering womb was to remain pregnant, which tethered the womb in its 'rightful' place. The Wandering Womb uses the metaphor of the womb as a space of care, circulation and rejuvenation to explore spaces of social reproduction at work (e.g. the kitchen, the store room, the toilet, the staff room) and how these relate to the physical and mental health of workers. Its presence in the organisation provokes questions of how the organisation cares for itself? What happens when these spaces of social reproduction are neglected and what kind of spaces of socialisation and community can they produce when brought into focus?

The fact the Wandering Womb is mobile and can move around the organisation draws on the Ancient Greek pathology

which sees a wandering womb, as an instrument of disruption to current norms and patriarchal hierarchy.

Social reproduction theory questions how and who maintains workers so that they can continue to work. While the focus is often on the domestic, private spheres of care needed to reproduce a healthy and efficient workforce, Manual Labours and the Wandering Womb focuses on the workplace as equally crucial to the social reproduction, maintenance and care of the worker.

The Wandering Womb will stay at Nottingham Contemporary until Manual Labours fundraiser to tour it to other workplaces. We encourage staff to use it to meet their needs as a mobile kitchen and staff room and also if they wish as a meeting place for discussions, talks, reading groups, cooking events and performances with staff and visitors.

Who it is for:
Staff both salaried and freelance
Option of being accessible to the public if staff want to use it for events
Other workers when toured to other workplaces and staff rooms to hold conversations around social reproduction at work.



Design one -

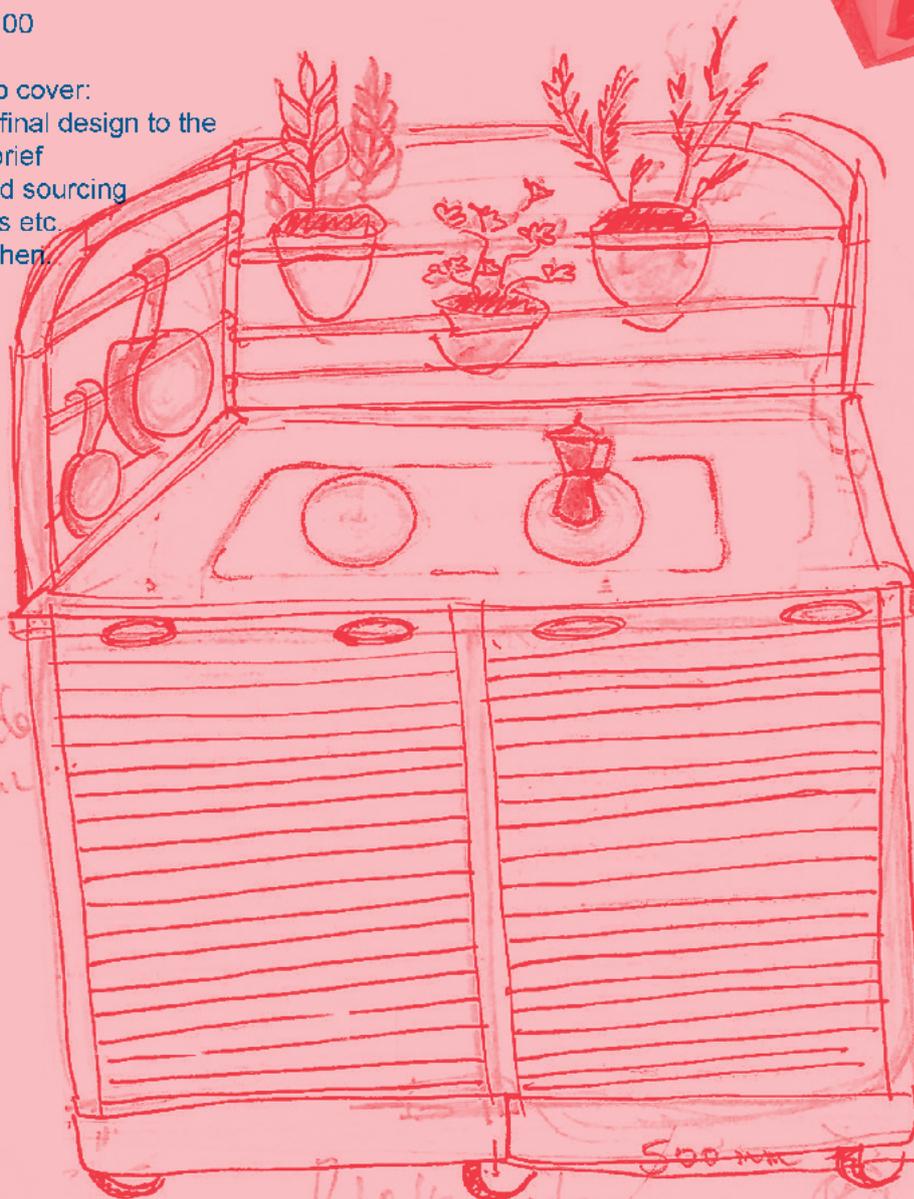
birch ply (18mm) 30x30 1600 mm

Budget:
 Fee £2000.00
 Materials: £500.00

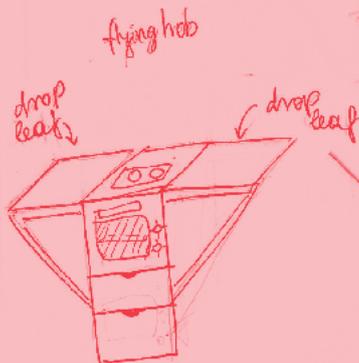
This budget is to cover:
 Drawing up the final design to the agreed design brief
 Researching and sourcing materials, fixings etc.
 Building the kitchen.



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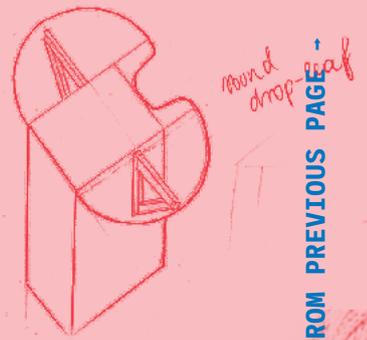


built in chopping board on one side & induction hob on



- Practicalities to consider:**
- Moveable, on wheels (has tyres so can be taken outside?) - could be built on top of an existing trolley?
 - Easily stored
 - Light enough for two person to move
 - Can fit in a transit van
 - Can fit in the lift (at NC)

Plan B for collective process H&S regulations Apr



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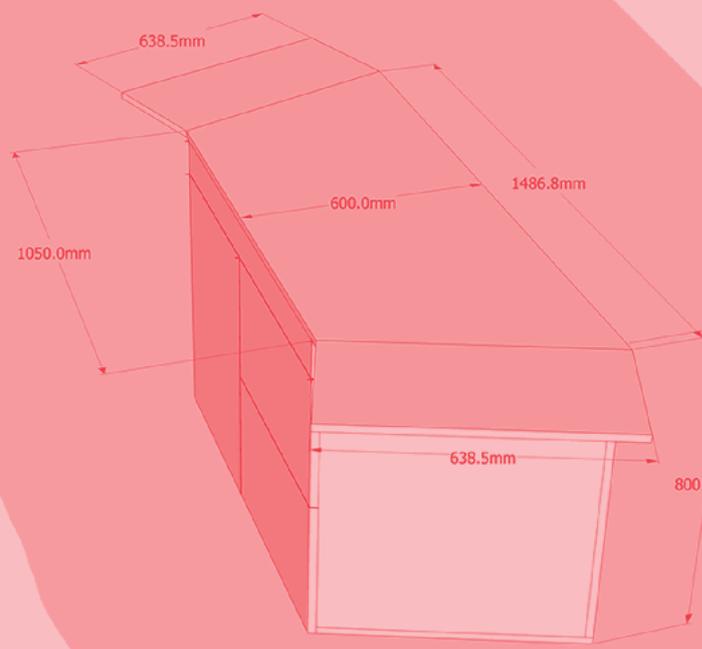
Look and feel:

- Functional and also performative as a space that can pop-up and be used
- Colourful
- Can expand and contract
- Has a canopy to demarcate space
- Symbolising a space of deviance (doesn't have to be beautiful or good looking, can be awkward and clumsy)
- Is made using (old, recycled?) office furniture, repurposed office supplies (cut up white boards, blue display boards, pin boards, wall charts...)
- Acts as a provocation to perform social reproduction at work
- Doesn't have to include imagery of the womb, but can be implied somehow in the design?

If you would like to use the Wandering Womb at your workplace please contact Manual Labours - manual.labours@gmail.com

Credit:
The Wandering Womb was conceived by Manual Labours, designed and made by Effy Harle and Finbar Prior and funded by Birkbeck / Wellcome Trust Institutional Strategic Support Fund.

- Materials / items to possibly include:**
- Space for the research to be read/used, such as reading lists, the manual labours manual #4
 - Seating (foldable chairs / stools)
 - Surface for eating on / prepping food on
 - Microwave (check health and safety requirements)
 - Fresh Water and dirty water containers connected to sink
 - Kettle
 - Small fridge?
 - Hob?
 - Hooks
 - Electricity connection (extension lead)
 - White board to leave messages
 - Utensils and crockery
 - Planting box to grow herbs
 - Place for tea, coffee, sugar
 - First aid / comfort box/drawer: space for tampons, nappies, tissues, plasters...
 - Postbox on it to leave messages 'wandering ponderings'
 - Space for a box of wine
 - Relaxing clock
 - Alarm
 - Canopy / umbrella
 - High chair attached



A photograph of a kitchen area with a person sitting at a table, overlaid with large, bold, red text. The kitchen features white cabinets, a countertop with various items like mugs and a kettle, and a person sitting at a table. A black cat silhouette is mounted on the wall. The text is written in a large, bold, red, sans-serif font, slanted upwards from left to right.

**TURN THE
DIRECTOR'S
OFFICE INTO A
STAFF ROOM**

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COLOPHON

Manual Labours Manual #4: Building as Body

By Manual Labours (Sophie Hope and Jenny Richards), 2018

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Manual Labours: Building as Body was initiated by Public Programmes and Research at Nottingham Contemporary and Manual Labours in 2016. All the content of this Manual has been gathered from workshops and interviews with staff of Nottingham Contemporary and other connected experts. Manual Labours have edited this content and anonymised the voices to produce this Manual. The Manual has been proofed by all staff at Nottingham Contemporary and their comments have been incorporated into this Manual. Whilst the Manual uses Nottingham Contemporary as a case study, the way the material is edited broadens the findings to connect to wider social, political and cultural landscapes.

Manual Labours: Building as Body was initiated by Manual Labours, Alba Colomo, Janna Graham and Mercè Santos Mir. This Manual is dedicated to them and their inspiring critical work.

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Manual Labours

(Sophie Hope and Jenny Richards) is a research project exploring physical and emotional relationships to work. Since 2013 Manual Labours have carried out research with workers, including call-centre workers, commuters, complaints teams and cultural workers. The research process has included workshops, performances, reading groups, film screenings, collaging, writing and artists' commissions. Each phase of the research culminates in a Manual. Manual Labours have exhibited their research in London (at the Peltz Gallery, at Birkbeck College, and The Showroom), Worcester (Movement), Warsaw (Museum of Modern Art) and published in the European Journal of Cultural Studies, Red Pepper and Third Text. For more information about Manual Labours visit www.manuallabours.co.uk