

Tamsin Snow

Interview by John Dine

This interview was conducted in Helsinki, Finland, where Tamsin Snow is currently artist-in-residence on the HIAP Helsinki International Artist Programme in collaboration with Temple Bar Gallery + Studios, Dublin.

JD: Your film *Showroom* takes viewers on a virtual tour of a cryonics laboratory designed by you. (Cryonics is the process of freezing a person immediately after death, in the hope that science will one day be capable of reviving them.) What is it about cryonics that interests you?

TS: I think cryonics proposes a radically different way of thinking about death. I can give you an exact quote from the Alcor Life Extension Foundation, which was the first cryonics laboratory in the world: "A person who can be resuscitated is not dead. Therefore, if cryonics patients are preserved well enough that they might someday be resuscitated, then they aren't dead: they are cryopreserved." So, when they say 'death' what they're talking about is a suspension of consciousness, as opposed to a terminal event.

JD: The idea is already kind of a retro sci-fi image, isn't it?

TS: Yes, that's why I chose not to make the film as a contemporary projection but more a montage of several quite dated sources and images. The train station is a replica of the station in the *Westworld* series for example, the escalators are a replica of the Canary Wharf tube station. And then at the virtual autopsy plant, the floating pods where clients' bodies would be suspended in nitrogen are from *2001: A Space Odyssey*, which was made in 1967. That was the same year cryonics really took off in America, after the publication of a book called *The Prospect of Immortality*. So, the idea has been around for a long time, although it's very few people who've actually been preserved up to now. In America it's less than 300, with about 1500 who've registered for when they die.

JD: That's a lot less than applied for a one-way trip to Mars.

TS: (Laughs) I do wonder what kind of lifeline these clients are imagining they can expect in the future. If they're preserved aged 70, are they going to be revived and then live for 15 or 20 years and die again? When you listen to people who want to be cryopreserved, it's clear a lot of them don't expect to find themselves as themselves after revival. They don't want to be ill obviously, but they also imagine a future where the ageing process is reversed and absolutely everything is possible medically, so they'll wake up as a completely different person.

JD: You get the full 'rebirth' package.

TS: Exactly. I suppose it goes back to the question: what is the specific motivation behind each of these technologies? At the moment as a continuation of the *Showroom* project I'm interviewing different pathologists about the practice of traditional autopsy versus a

more virtual process, remotely scanning the body basically. What interests me most is what the consequences of these new technologies might be. In universities, the practice of medical students witnessing what's called a 'consented' autopsy, which involves a full examination of every aspect of the body, is happening less and less. A pathologist from Guy's and St. Thomas' in London said recently that we're risking a serious loss of knowledge, which could potentially have a negative effect on our understanding of death and its causes. In the past, autopsies would have been public for any student to learn from. There would be a poster saying when an autopsy would take place, but today because of a change in attitudes that wouldn't happen. Outside of a very few institutions it's not allowed in Britain to be present at a dissection. To me that seems odd. Personally, I would advocate for kids in secondary schools to go to dissections and autopsies, but for whatever reason people still see autopsy as a horrific thing, despite the fact that it happens after the event of death and it gives you answers as to what caused it.

JD: Have you ever witnessed an autopsy?

TS: A few years ago, I took part in a dissection course at the medical faculty of the University of Antwerp, where we dissected body parts as opposed to a whole cadaver, which is very different to an autopsy. But some of these body parts had been preserved only by freezing, so after thawing they were as close to the moment of death as possible. I can't describe the impact it had on me to witness death in that way. If you see a body that is dead, in the flesh, what I experienced is that it effects a change in your own body. The brain I dissected was preserved in formaldehyde, so that when I held it in my hands, my eyes smarted from the fumes. That was a very strange experience, to feel the transference of matter from a dead body to your own.

JD: There's a photograph of Damien Hirst as a student posing beside a severed head at the Royal College of Surgeons. He looks terrified.

TS: (Laughs) I know it. Well, all the body parts we were dissecting, of course they would just melt and start to smell in front of you. It's surprising how quickly that happens if they haven't been preserved. But people have an existential dread of their own bodies, long before they even allow themselves to start thinking about dying. Even when it comes to questions about what happens after death, there's a kind of squeamishness about it. This might go some way towards explaining why so many people refuse autopsies, but it seems strange to me there isn't more interest in the specific cause of death of a person. If for example a relative dies, the information you can acquire without a full autopsy is quite minimal.

JD: Because people don't want the information?

TS: People accept explanations for death that really aren't that rigorous, and it's quite common for the cause of death to be misunderstood. Even the terminology used is very broad, and people tend to accept that. On the other hand, when it comes to diagnosis of a problem in someone alive, there's a demand for far more specificity. There are all sorts of moral factors involved in this. If someone has an alcohol or drug dependency for example, an autopsy will generally not be conducted unless there are obviously suspicious circumstances. In some cases, there will be a partial autopsy, which stops once the cause of death is deemed to have been discovered.

JD: So, virtual autopsy is replacing the traditional kind?

TS: No, not exactly. The scalpel isn't being replaced, but the move is towards a combination of scanning and traditional autopsy. The reasons for this shift though aren't always to do with advancement. Obviously virtual autopsy can add new layers of understanding, or make the process more economical, but in many cases, it's also about making it less invasive on the body, making it more 'humane'. That interests me. As technologically we become more and more removed from the body, autopsy is following the same logic. That's why I initially made *Showroom* both as a video and as a virtual reality space, which is how clients now would usually interact with architectural projects before they're constructed.

JD: It seems to me that most of your work is about the legacy of modernist, or specifically concrete, architecture. What's the link between that and the autopsy process?

TS: Well, to me the autopsy room is an extreme version of Le Corbusier's vision of 'machines for living'. In other words, the employment of buildings and technologies that facilitate the inhabitant. Alongside the interviews with pathologists I mentioned before, the other reason I'm here in Finland is to research the work of Alvar Aalto at the archive in Jyväskylä, specifically the tuberculosis sanatorium he designed in Paimio. In these places, absolutely everything is explicitly functional and makes sense in relation to itself, and is designed and designated to serve a purpose. This is the case with autopsy rooms, but on the other hand they might also be seen as transitory, or liminal, spaces. So, within the *Showroom* video you have what is essentially a kind of processing plant, but then also a chamber which is capable of suspending time itself.