

Gross Anatomy

Véréna Paravel & Lucien Castaing-Taylor on *De Humani Corporis Fabrica*

BY BLAKE WILLIAMS

“The first step in cinematographic thought seems to me to be the utilisation of existing objects and forms which can be made to mean everything, because nature is profoundly, infinitely versatile.” —Antonin Artaud, “Cinema and Abstraction”

It’s been ten years since Sensory Ethnography Lab cine-anthropologists Lucien Castaing-Taylor and Véréna Paravel made a quite literal splash at the 2012 Locarno Festival with their first feature-length collaboration, *Leviathan*, which still stands as arguably the single most impactful advancement in film language this century. “Here is a true 21st-century ethnography,” wrote Phil Coldiron in these pages, “cutting through the stories and forcing us to reconsider our mode of engaging with all that is not ourselves.” Their latest work, *De Humani Corporis Fabrica*—a film inspired by Andreas Vesalius’ like-named books on human anatomy (its initial 1543 publication fittingly bound in actual human skin)—could be viewed as a counter to Coldiron’s articulation. To flip one of Coldiron’s more perceptive characterizations of *Leviathan*: what *De Humani Corporis Fabrica* says is, there is a world in there and it is huge and it is in me. Filmed almost entirely within the walls of a handful of hospitals in and around Paris, and with more than half of its footage captured within the walls of a handful of human organs, this is a film that forces us to consider our engagement with all that *is* ourselves.

As such, watching this movie frequently hurts like hell, and not just physically. With a camera that furiously navigates its subjects’ myriad intestinal tracts, cranial cavities, and other, mercifully unidentifiable visceral miscellany, *De Humani Corporis Fabrica* is very probably the most aesthetically interoceptive movie ever made for theatrical exhibition. After a menacing opening se-

quence shows, in characteristically way-too-close handheld angles, a security officer and his guard dog surveying an anonymous medical institution’s grotty basement hallways (its bowels, if you will), followed by a visually opaque view into a patient’s room as we hear nurses express sympathy for a young man suffering from terminal colon cancer, we launch into the Rorschachian abstraction of a brain’s MRI scan. Shortly after, a cut to a close-up of the face of a fully conscious man undergoing a procedure we can’t see, until the camera rises upward to show that he is having some sort of plate screwed into his skull—his grimaces indicating that he can very much feel what’s being done to him.

The variety of imaging aesthetics, gazes (POV, voyeuristic, technological), and spaces depicted across this opening assemblage of material sets the table for a montage approach that I think can be genuinely called rhizomatic. Castaing-Taylor and Paravel’s editing structure tunnels through materials and situations with impulsive abandon, cuts sometimes occur on literal cuts, all while their camera dives into and out of so many surgical incisions and natural orifices. To say that this form of assemblage likens the filmmakers to surgeons themselves is perhaps too obvious an observation to bother stating at all, but this is a film that prides itself on (and excels at) such metatextual and metaphysical analogies. Which isn’t to say that Castaing-Taylor and Paravel have suddenly warmed up to metaphor: *De Humani Corporis Fabrica* is as iconophilic as cinema gets, and the structure, along with their penchant for extreme close-ups, is designed to undercut concept formation to the extent that that is even possible with a film like this.

To that end, there is something paradoxical about another of the film’s metaphors of experience: the act of forgetting, manifested in the film’s not infrequent cutaways to the psychiatric ward at



Hôpital Bretonneau. There, *De Humani Corporis Fabrica* adopts a quite different attitude and tone, when, first, the camera patiently walks in lockstep with a trio of elderly women stutter-stepping hand-in-hand down an interminable hallway, one of them muttering about which doctors are nice or not nice. When the film revisits the ward a few scenes later, the camera once again trains on two of the same women, this time marching their way back down the same hallway while another patient's agonized wailing grows ever louder over the duration of the shot—a shot that climaxes with a peek into the bellowing woman's room, giving image to a sound that some viewers may have preferred to leave blocked out of their imaginations.

It is in these (and later) scenes depicting cognitive disintegration where *De Humani Corporis Fabrica's* affective punch is arguably most pronounced, vertiginous, and despairing, and it renders *Near Death* (1989), not *Hospital* (1970), the most apt of the Frederick Wiseman comparisons that inevitably await it. For all the immersive and technologically progressive aspects that have made Castaing-Taylor and Paravel's work so indispensable, it's the way they manifest liminality onscreen that elevates their cinematic experiences to something I'd call spiritual. Some critics and researchers have voiced scepticism toward the sensory ethnography project for the way it eschews conceptualizing its imagery, a strategy that Christopher Pavsek posited—in one of the most aggressive criticisms of the Sensory Ethnography Lab I've seen published—can produce “blind empiricism,” rendering their films invisible. “What sort of freedom,” he asks, “does a spectator retain in his or her—dare I say blind—embodied responses to overwhelming stimuli?” The answer, simply, is the freedom experienced in any encounter with a position other than that

which we've been taught and grown accustomed to, where we will see, at once, both ourselves and other-than-ourselves—our subjectivity and its erasure, en route to becoming a thing—all the more engraved in us because it was overwhelming. We might call such endeavours horrific, but I see it all too clearly to ever call it blind.

Cinema Scope: Let's start with your visual approach. You had a custom camera built for you by Patrick Lindenmaier, who is credited with the film's visual design. Did you know going into the production what you wanted from this camera?

Lucien Castaing-Taylor: I don't think it was very deliberately or programmatically worked out. Patrick is a very deliberate person. He's a genius, a truly brilliant, autodidact technician, and we only discovered him by happenstance. He did some of the colour work and video-to-film transfers for Pedro Costa's early films like *In Vanda's Room* (2000). When Ilisa Barbash and I made *Sweetgrass* (2009), people said we had to go to this guy because we shot it on MiniDV and needed to go to 35mm. In the case of *De Humani Corporis Fabrica*, we didn't have the budget to pay anything—neither ourselves nor anybody else—so we couldn't employ him per se. He's always very busy doing lots of things in Zurich, where he's based, but he advised us on what equipment to use, and he, along with his colleague Gerald Mücke, ended up manufacturing the camera that we shot with, in addition to advising us on good recording devices we could use.

We'd already been filming for about six months when they engineered their camera harness system, which uses a “lipstick camera.” They built the optics such that its aesthetics would be similar to the aesthetics of the footage downloaded from inside

the body. So it was essentially a para-laparoscopic camera. It had a very long depth of field, and a very wide angle of focus so that we could get extreme close-ups with it. The whole idea was that there would be an aesthetic reciprocity between interior and exterior—the material shot both inside and outside the body—that would encourage spectators to think, or rethink, and complicate their understanding of the singularity and supposedly discrete nature of our bodies.

Scope: You shot this film for several years. Did your approach to the film's visual design evolve during this time?

Castaing-Taylor: Well, throughout the shoot, Patrick and Gerald were responding to difficulties that we told them we were encountering, as well as desires we had for the camera, so they ended up tinkering with it and transforming it throughout the last five or so years of filming. It was a *lot* of tinkering, mainly because the system didn't work very well. It broke down a lot, because, you know, they only made this model in an edition of one. If Sony had done it, they'd have spent five years and trillions of dollars on research and development to make something that works. This camera overheated a lot, it would burn, or it would stop recording in colour, switch to black and white. It would underexpose or overexpose in the middle of a shot. The morgue scene, if you recall, has almost no chroma in it whatsoever.

Scope: Regarding access, how did you manage to convince François Crémieux to give you *carte blanche* access to all of his hospitals for this years-long shoot?

Véréna Paravel: We met François a few years ago...

Castaing-Taylor: We were already filming in Boston.

Paravel: Yeah, we tried to film in Boston first, but it was complicated to get access for legal reasons. As you know, Americans are very prompt to sue doctors, or just to sue in general, so it became way too complicated to make this film there.

Scope: What made François trust you, do you think? I assume it's very delicate to grant anyone the kind of access you had.

Paravel: François saw *Leviathan*, and he always wanted to know what it would look like to view a hospital in the same way. It was like a challenge for him. He's a very peculiar character, a very courageous person. He's built several hospitals within active war zones.

Castaing-Taylor: He used to be a UN peacekeeper in the dissolution of Yugoslavia, and he made three films—the “Balkan Trilogy” with Chris Marker, who was one of his closest friends.

Paravel: So, we met him and I think he loved the challenge of having two anthropologists—two filmmakers—hanging out in his hospitals. He's a cinephile, he has a *ciné-club*...

Castaing-Taylor: A medical *ciné-club*.

Paravel: It's called *Ciné-club Barberousse*, and every month he shows a different film. He invites doctors, and the screenings happen in a regular cinema in Paris. They're open to the public.

Scope: Does he show science documentaries or are these narrative films?

Paravel: Anything. He showed *Cléo de 5 à 7* (1962), for example. He'd show any film that talks about disease or care. For me, going to these screenings was—I mean, obviously I was interested in seeing the films, even if they were sometimes quite conventional, but I mainly was interested in the medical discussion after the

film, all the discussion about care. It gives a new perspective, and creates a different kind of knowledge production around medical issues and public health. Jean-Michel Frodon helps him run it, along with a philosopher of medicine, and they always invite a doctor or an expert in the field. It was always fascinating because you'd have a mix of voices on the topic. Going to these was part of my field work. I was trying to learn and understand everything, from the diseases to the institutions and how the institutions are run. It was also helpful because in many cases it showed me how *not* to make a medical film.

Scope: Do you think he was concerned about you filming a procedure that went badly, like a death during a surgery or any kind of malpractice?

Paravel: The thing is he's very much into transparency. When a hospital makes a mistake, rather than trying to hide it he tries to publicize it, to humanize the medical force. He thinks it's important to say, “This is an experimental place where doctors are experimenting, doing their best to save people's lives, but they're also human beings and sometimes there are medical errors.” So, I think having us, and being completely open, was part of his political agenda. He trusted us because he knows we're not working the way journalists do, and he knew that we wouldn't go somewhere and try to steal some images and turn it into a media spectacle. On the contrary, we would try to render the hospital a place that would be unfamiliar, and maybe the doctors would learn from that.

Scope: What kind of research did you do going into this project? Was it helpful to watch other medical films to develop your approach?

Castaing-Taylor: I'd say we're pretty bad students. Which isn't to say that we're like teenage rebels, deliberately being childish and ignorant. When we were making *Leviathan*, people told us that fishing was the most photographed and filmed human endeavour since the invention of photography. I don't know if this is true, but this is what is often written and said. After watching two films about man's relationship to the sea, we were, like, “Well we can't watch them all, there's infinity of them, it's just impossible.” So we decided to do the opposite and not watch anything. Likewise, I imagine that there are probably more films about the human body than there are anything else; most films show nothing but the human body, and then beyond that there are a lot of films about medical bodies and medical spaces. We didn't try to see many. We've seen Frederick Wiseman's *Hospital*, we've seen Stan Brakhage's *The Act of Seeing with One's Own Eyes* (1971), but other than that we've seen very little.

It's not as if we can will ourselves into a kind of *tabula rasa*, complete ignorance of what's been done, but if we could, we would. I'm not saying that's a good thing to do, but it's expedient. It allows you to avoid 20 years of viewing. We don't have any anxiety of influence, and it's not clear to us what our influences are. People ask us, “Did Brakhage influence you?” or “Did Wiseman influence you?” I'm sure they do and we respect them immensely, but it's in ways that we are largely unconscious of.

Scope: There's a certain ethical precarity that's become quite palpable in your recent work. I think this feeling of transgression was especially potent in *Caniba* (2017), but I felt it here, too, es-

pecially when you're showing hospital patients in various states of cognitive degradation. How do you negotiate and decide on the inclusion of your projects' more ethically transgressive elements?

Castaing-Taylor: That's your question, Véréna.

Paravel: As you were just speaking and asking this question I had a flashback memory, and for me I think the only moment—ever—where I felt that I was playing with ethical boundaries was when we were filming *Caniba*. I never, ever felt that with this film. Not a single moment. On the contrary, I think it is very ethical what we're doing. What is unethical, to me, is diverting one's gaze away from what doctors are doing. To divert our gaze from our own bodies, which in the end is the only thing we have and possess—it is our habitat—and to remain ignorant of our fragility and vulnerability, is very curious to me.

Never at any point did I find ourselves going too far. First of all, everything that was surgical, we had permission, we discussed filming it with the patient beforehand and got full consent—but we know consent is never true consent because most consent is just to protect yourself, it's a legal consent, it doesn't mean anything. It's ridiculous.

Scope: What was the process of getting permission for the patients in the psychiatric ward?

Paravel: The tricky point was these people who were demented. That was also for me the most interesting place to be because we were constantly trying to explain to them what we were doing, and they would forget. We would film some material, show them the images, explain those to them, and then they would ask us again, and we'd explain it again, and they'd forget again, and so on.

But, for me, we weren't only there to record them; we were there for other things, too. We were there to be with them and keep them company, to care about them.

This question about ethics is worth asking ourselves in any life situation. There's no difference between film and real life for this topic. We are not in a fiction world, so that's a question that is worth asking all the time. Of course we worried about it, and I remember a phone call we had with the ethical committee of the hospital, when we said, "Okay, listen, we have full consent and everybody agreed, but then they forget two minutes after. What do we do when it's someone who has an altered state of consciousness?" And the person from the ethical committee gave us a beautiful answer. Basically, he told us that if we ask permission from someone who has an altered consciousness, and they say "yes," we must accept that "yes" for a "yes." If we don't, it means that we don't consider that person to be a person.

Castaing-Taylor: If we recorded you right now, you could give informed consent—not just legally, but you could be happy, ethically, to give us informed consent—but you wouldn't be truly informed about it. We, the makers, could do whatever we wanted. We could mutilate you, re-edit you, do what we want with you and send it out into the world. But even after all that, we would not be informed about how the world will receive it, which is why it seems to me that the ethical ambiguity of documentary filmmaking is consummate with those of our everyday lives. It doesn't make these questions any simpler; it makes them much, much more complicated. They are infinitely complicated. There's never a simple "right" way to do anything.

