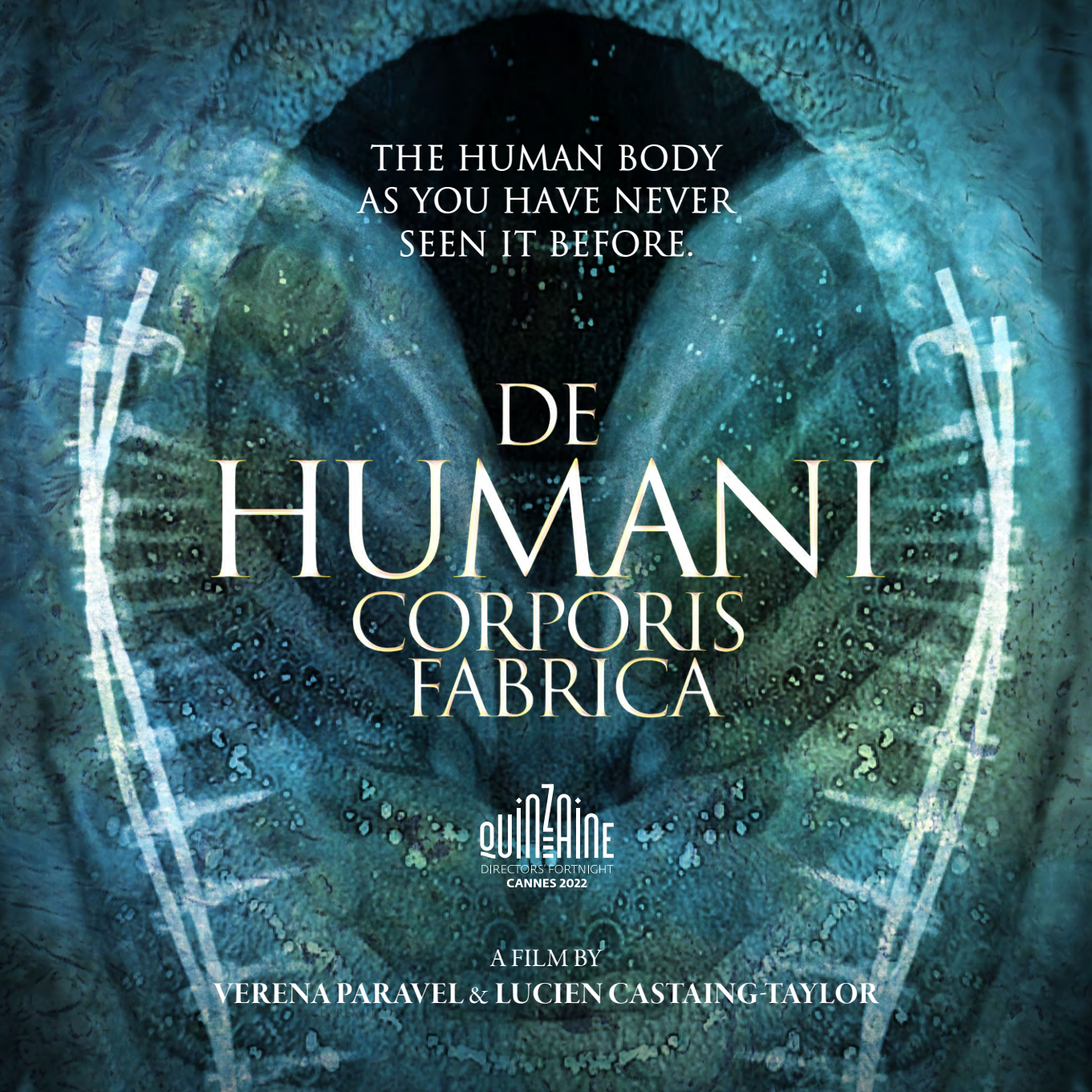
THE HUMAN BODY
AS YOU HAVE NEVER
SEEN IT BEFORE.
DE
HUMANI
CORPORIS
FABRICA
QUINZAINE
DIRECTORS' FORTNIGHT
CANNES 2022
A FILM BY
VERENA PARAVEL & LUCIEN CASTAING-TAYLOR

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QUINZAINE
DIRECTORS' FORTNIGHT
CANNES 2022

DE HUMANI CORPORIS FABRICA

A film by
VERENA PARAVEL & LUCIEN CASTAING-TAYLOR

France, United-States, Switzerland • Color • 118 min • 1.85 • 5.1 • Visa n° 150 625

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Five centuries ago, anatomist André Vésale opened up the human body to science for the first time in history. Today, De Humani Corporis Fabrica opens the human body to the cinema. It reveals that human flesh is an extraordinary landscape that exists only through the gaze and attention of others. As places of care, suffering and hope, hospitals are laboratories that connect every body in the world.

INTERVIEW WITH VERENA PARAVEL & LUCIEN CASTAING-TAYLOR

What was the initial idea behind *De Humani Corporis Fabrica*?

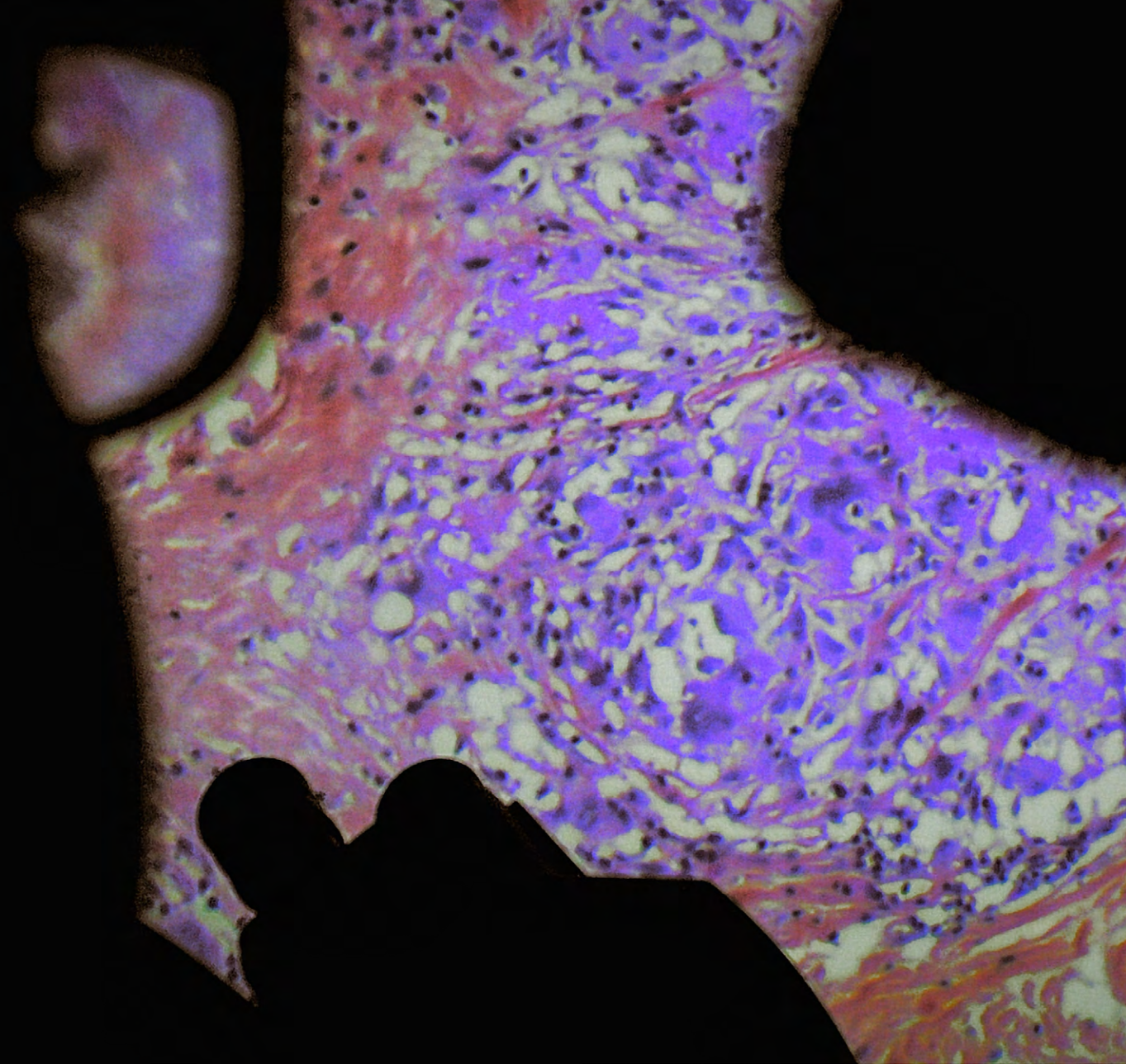
VP : Thinking about how modern medicine has used the tools of cinema to develop its own powers of seeing, we wanted to try to do the opposite, to borrow the tools of medicine for cinema, to allow us to see the human body in a way almost none of us ever get to see, and to break open the usual ways we look at our bodies and the world. To give us a view of our interior selves that's more corporeal, more incarnate. But one that also lets us glimpse our vulnerability: the fragility of life and the ever-present spectre of death. Filming in this way, largely "inside" our bodies, also reveals the vital life force than animates us, and our fleshy selves. We realized that the hospital is a theatrical space, and a tragic one: it is itself a kind of body that contains other bodies and works on them. The hospital's an organ in society, which holds up a mirror to society, and often prefigures social changes that are about to arrive. Within its confines, organs, functions, and systems coexist. This film is also an anatomical study of that body as well.

LCT : There was an urge to turn our gaze inward, to take hold of our eyes and invert them, and to see what they would see, inside us, as psycho-physical beings. De Humani is the result of a long process. As with all our films, it morphed out of recognition over the years of fieldwork and filming. At the outset, we had this phrase in our minds, "If you can't get into Harvard alive, you can get in dead." A silly expression about all the people who donate their bodies to Harvard's Medical School, whereas other medical schools don't have enough cadavers for their own anatomy instruction. There is

a whole international commerce in these bodies, that are often chopped up, sold, and shipped around the world, all officially in the name of science. From there, we got interested in organ transplantation, from living and dead donors, and from there in questions of transhumanism. As for the filming itself, we thought at the outset that we would only film inside the body. As with Vesalius' monumental work that is the founding tome of modern Western empirical anatomy, we played with the idea of having "libri septem," seven parts – each documenting our interior during seven cutting-edge surgeries enabled by and depicted through seven different modes of medical visualization in seven different cultures and languages. But this was beyond our budget and abilities and came to seem too schematic and conceptual. So we started filming in Boston's hospitals. The medics and patients were often keen to welcome us, but it was a nightmare dealing with permissions with the administration. Around then, we were lucky to meet François Crémieux, who at the time was the director of five public hospitals in the North of Paris, and, incredibly, he gave us more or less carte blanche to film anything in these hospitals. They became the locus of the whole film.

The word "fabrica" is the most complex part of the title.
The word conjures up the notion of a factory, a place that produces the materials and to some degree methods of visualizing and operating on the body. It also evokes the texture and materiality of bodies, as expressed in the English word fabric — tissue, or fiber. And it's also a process without end, fabrication.

Although it is quite unique, this film reflects your work at the Sensory Ethnography Lab. What are the connections between this new project and your previous work?
LCT : Sometimes people talk about our work as an effort to relativise humanity and recontextualize it in a larger ecological or even cosmological sphere, which I guess is half true. But it's not always the case, as with Somniloquies or Caniba. And this new film is even more centered on human beings, even as we try to evoke the interdependence



of the human and the non-human, and our place among technologies and in a cosmos that exceeds us. The exploration of the inexhaustible landscapes and liquiscapes inside the body hopefully gives us a new understanding, or at least sensibility, of the kinds of peculiar beings we are.

VP : As in all of our work, we navigate in the space between beauty and horror. As in our other films, there is a political dimension that doesn't immediately reveal itself nor is announced as such. But we try to understand how beings are put together. So there was a kind of research into languages, visual and auditory, that give access to aspects of reality that had up to now remained unperceived. In each work, we've found it critical to question taboos, explore the why and how of restrictions and repression. In this case, the taboo that this film confronts is the one of our own finite nature, both in our relationship with the inevitability of death and with the frontiers of each body: frontier meaning the physical body, the sealed envelope of our own skins, which is also the frontier that defines individuality as a value, perhaps a frontier that is overvalued, a frontier which masks the extent to which we are also collective beings. There is thus a necessarily transgressive aspect to our films, an aspect that seems crucial to us. We feel that there are ethical ways of transgressing and other ways that aren't.

LCT : The in/finitude of the body is evoked in different ways, both by the various surgical procedures that seem to "repair the living," and by the limitless expanses of flesh and folds that we discover inside our bodies. Once we cross the frontier of the skin, we glimpse our own infinitude, which is by turns divine and utterly profane —both expressive of but also subject to profanity after profanity — and which is both transfiguring and traumatic.

You've spent many years working on this project. To what extent did things that took place over this period change the film?

VP : As it turned out, during the years of the film's preparation, I had some serious health problems, such that at the hospital I was not only an anthropologist, and a filmmaker, but a patient too, experiencing all the ensuing fear, suffering, long waiting periods and incertitude. That transformed what seemed important to show in the film.

We read an enormous number of books and articles, about the body, about medicine, about surgery, about suffering, about hospital systems, and that was a very useful phase of documentation and preparation, even though the experience of being a patient was an ordeal.

LCT : Much of the fieldwork and some of the filming occurred during the coronavirus pandemic, which is evoked in De Humani, even though it didn't end up at the core of the film. The pandemic has made people at least momentarily more conscious of humanity's fragility, and interdependence with non-human beings – from the microscopic to the planetary. The film invites us to think differently about our individual and collective bodies as well as our relationship with other species – not only viruses and bacteria, that are inside and outside us all, and without which we couldn't even live, never mind die, but with the ensemble of living (and dead) beings. This is one of the ecological and political dimensions of the film.

What cinematographic approaches were used to provide this perception that is never expressed explicitly as such ?

VP : It required us to position ourselves inside the body, and to foreclose or transcend the initial reflex, that "Oh ! This is disgusting" ... so that the landscapes could begin to appear, allowing us to realise that we are in a completely unknown world. This occurs at the same time as we hear, in certain cases, dialogues of great banality, or even triviality, which allow us to measure the impact of movement that takes place in a hospital, and especially in the operating room, where its effect is most spectacular, but not only. One of the resources that helps make this palpable is duration : it takes a certain amount of time to access these dimensions. Then, all at once, the beauty, or shall we say the textural power of the images, makes itself felt and known by a gaze that we ordinarily aren't prepared for or used to.

LCT : Initially we wanted not to film ourselves, to limit ourselves just to strictly medical imagery used to facilitate different kinds of surgery. Sometimes this imagery is filmed by robots that are under the control of surgeons. Our hope was to dissociate it from its purely medical instrumentality,

and to allow other qualities it contained to rise to the fore. We recorded sound, mostly from outside the body, at the same time, and then synchronized it with the imagery of our interiors. The combination of sync exterior sound with interior imagery was often surreal, where each added to and often radically transformed the sensibility of the other. But for whatever reason we also soon started filming ourselves, outside but very close to the bodies, or both patients and medics. We spoke about our transgressions, to enable us to perceive what otherwise we can't, but our transgressions also need to be conceived in a larger context of the multiple transgressions of body and person that occur in the medical world, not least all the excisions into and eviscerations of surgical bodies... and a multiplicity of tools and hands and gazes intruding into them.

VP : When we hear doctors in the film talking casually about non-surgical matters — conversations that might shock for their banality or ostensible lack of respect for their duty or their patients — they are of course conscious of our presence, so they accept, and sometimes even actively wish, that this also be shown. These attitudes and conversations are not anecdotal, nor is it even some dark side of the act of caring: it's also thanks to this that we are able to be cared for. Without the possibility of creating distance or creating some banality in the acts that they perform, it would be impossible for them to sustain this work. We, as spectators, are forced to accept this relationship which can sometimes seem violent, but is the necessary condition for providing care. In this context, a very cinematographic process plays out : in an operating room, small drapes are placed over the body, pieces of cloth that are cut such that the opening allows access to the part of the body that will be operated on. Their shape is roughly that of a cinema frame, and they allow the patient to disappear, become an offscreen presence, so that all that exists is the zone being treated. This zone exists in continuity with another space, outside of the body, the space inhabited by the caregivers, and this space must remain as sober as possible so that technical competence can be exercised to best effect.

How did you obtain permission to shoot in these conditions, what is the deal with the hospital administration ?

LCT : The only deal was that we could film anything and everything, so long as we had the consent of everyone involved. To our surprise, the doctors and medics were incredibly generous, and excited to show us how they operated and share with us the tools of their trade. Even more surprising was the eagerness on the part of the patients. I think that the medics saw us as a kind of distraction from their daily routines, and they were amused at finding themselves the object, or as they often said, in cryptocolonial parlance, the "tribe," of an anthropological gaze, whereas they typically saw themselves as monopolizing the most authoritative or legitimate gaze in their universe. With patients, it was often quite different: they seemed to see us as a benevolent companion, or as a protective witness to what they were about to endure, usually otherwise alone, frequently anesthetized, and almost always very fearful.

VP : There's a kind of unspoken morality that might suggest that a place like this - a hospital - is inaccessible, hermetic. We were the first to be surprised by the realization that, on the contrary, we were often welcome, and even perceived as being useful, or shall we say, having a purpose.

LCT : For the carers, and some of the patients, we were an exotic presence, just as we were for the fishermen during the shooting of the film Leviathan. Their work is so intense, so engaging and so exhausting, that our presence changed the routine, afforded them some moments of relief, and even humor. We were pretty clueless, made many mistakes, and there was a lot they could educate us about. We soon realized that they were also interested in our point of view, in how we would observe them, and how they appear to outsiders. In certain cases, especially in geriatric units, the doctors wanted to see our footage, in the hope that our outsiderly perspective would allow them to see their care differently, and eventually improve it.

VP : When we were almost finished with the film, we showed it to some doctors because it was essential to us to know what they thought of it, and considered our representation of them just. We were surprised at the intensity of their emotions. It meant a lot to them that their work could be seen and shared, especially the multiple

ways they have to confront suffering and death. All over the world, people publicly applauded the medical staff during the first wave of the pandemic, but who really knew much about what they do? The film tried to unveil this cloak of invisibility, which has two aspects: both diminishing the obscurity of their work, and also fighting against the false images of hospital life that abound in fiction films, especially television series. The situation in hospitals, especially public ones, demands that we not turn our gaze away from the conditions in which the everyday reality of this work takes place.

Was it difficult to obtain the permission from all the people we see filmed?

VP : For us, it was essential to be assured each time that there was genuine consent. We spent a lot of time with people in geriatric units, who are clearly in a state of mental fragility, explaining to them and showing them what we'd filmed, putting the camera in their hands so that they too could film and experiment with it, etc. Generally, as we mentioned, we were surprised by how keen both the patients and the medics were to be filmed. I can only remember one doctor who didn't respond to our approach, and one patient who asked us not to use the footage of an emergency operation that saved his life.

What were the tools used to make the images we see in the film, whether they be medical imagery, or images shot by yourselves?

LCT : We tried to film ourselves outside the body in a way that spoke to the aesthetics of the imagery inside the body. But it took us a while. We started filming with a regular camera, but were unhappy with our footage, it seemed too déja-vu, and also distanced us from both patients and surgeons. Then we played around with various medical endoscopic cameras, but they all needed to be plugged in to an electricity outlet and attached to a huge console, whereas we wanted to be free to move around as we wished. So then we asked our friend in Zurich, Patrick Lindenmaier, and his company Andromeda, to build us a very small camera with an aesthetic very close to that of medical lenses, with a miniature lens that would give us as much freedom to move around as possible. It's a modified

version of a "lipstick camera", about the size of a lipstick tube. Practically everything we filmed was with this camera, and it provided us with images whose texture links us to the tools used by doctors and surgeons, material that makes up maybe half of the film. The hope was that the similarities (in terms of depth of field and angle of view) between the footage inside and outside the body would encourage viewers to rethink the relationship between interiority and exteriority, the self and other, and generally evoke the infinite interdependencies between different bodies – human and non-human, animate and inanimate.

VP : There are three sources of images, the scialytic cameras installed above the operating tables that record all the procedures taking place for archival, educational and, if necessary, judicial purposes. We made extensive use of these images, which allowed us a precise point of view of what the practitioners do. We also made use of images filmed "inside" the body through microscopes. Nevertheless, the essential material is the continuity between the interior and the exterior, and thanks to that tiny camera, it was possible to approach both the bodies of doctors and patients, a clear change of approach from how operations are usually filmed. It also represents a way of bringing doctors out of the traditional dominant and omnipotent posture in which they are normally presented, allowing us to also experience also their fragility. There's also a certain proximity between the manual gestures of the surgeons and our own work, holding this tiny camera, often with our own extended arm. With this tool, the hand films as much as the eye.

Are we to believe the end credits of the film, that you shot in eight different hospitals, in thirty different hospital units? Why did you need to shoot in so many locations? Was it to create a kind of generalized hospital, assembled from the elements gathered in many different locations?

VP : We didn't start off with a list of units that we wanted to film in. Our exploration of the hospital world occurred organically through our encounters. Most doctors are passionate about their work, and often it was they who would push us to meet their colleagues in other specialties, allowing us

to discover other aspects of the ensemble of practices that occur in hospitals. We'd be in a podiatry unit, and someone would tell us we definitely need to go see the morgue. We'd be in the morgue and someone would say "if you haven't been to the anatomo-pathology unit, its indispensable!" Each time, we'd discover a new facet, a different approach to visualizing and treating the body. Following every solicitation, we could have continued without end. At some point, we decided to stop because we already had so many images... But, at the end, we realized we still had nothing but "soft surgery", we had nothing about that which keeps us bipeds upright: the bones, the skeleton. One doctor, Louis-Charles Castel, convinced us to go and shoot in the orthopedic podiatry unit. By the way, we didn't film in all the locations that we thanked in the credits; in many of them, we just did fieldwork, "participant-observation" as anthropologists like to say, without actually taking out a camera or sound recorder. Most of out footage was shot in the Beaujon and Bichat hospitals.

In all, how long did you work on this film?

LCT : Six or seven years. It felt like forever. We're trained as anthropologists, not filmmakers, so we often do years of fieldwork to try to get close to our subject.

VP : This period of preparation also allows us to refine our choice of tools, change cameras or other recording equipment. We're experimenting constantly. It's an important phase, even if it's not the actual film shoot, or production, in the classic sense.

What was the need being served by the shots of the security guards, where we wander down the underground corridors ? These scenes have no direct link to health care situations.

VP : One can't understand the life of a hospital without taking into account the movement in the hallways. Everyone is on the move. Doctors and nurses walk about a lot, patients are dragged or wheeled from one unit to another. The corridors are ceaselessly traversed by cadavers, caregivers, sick people, security guards, and many others. Like the human body, the body of the hospital has many inhabitants and there

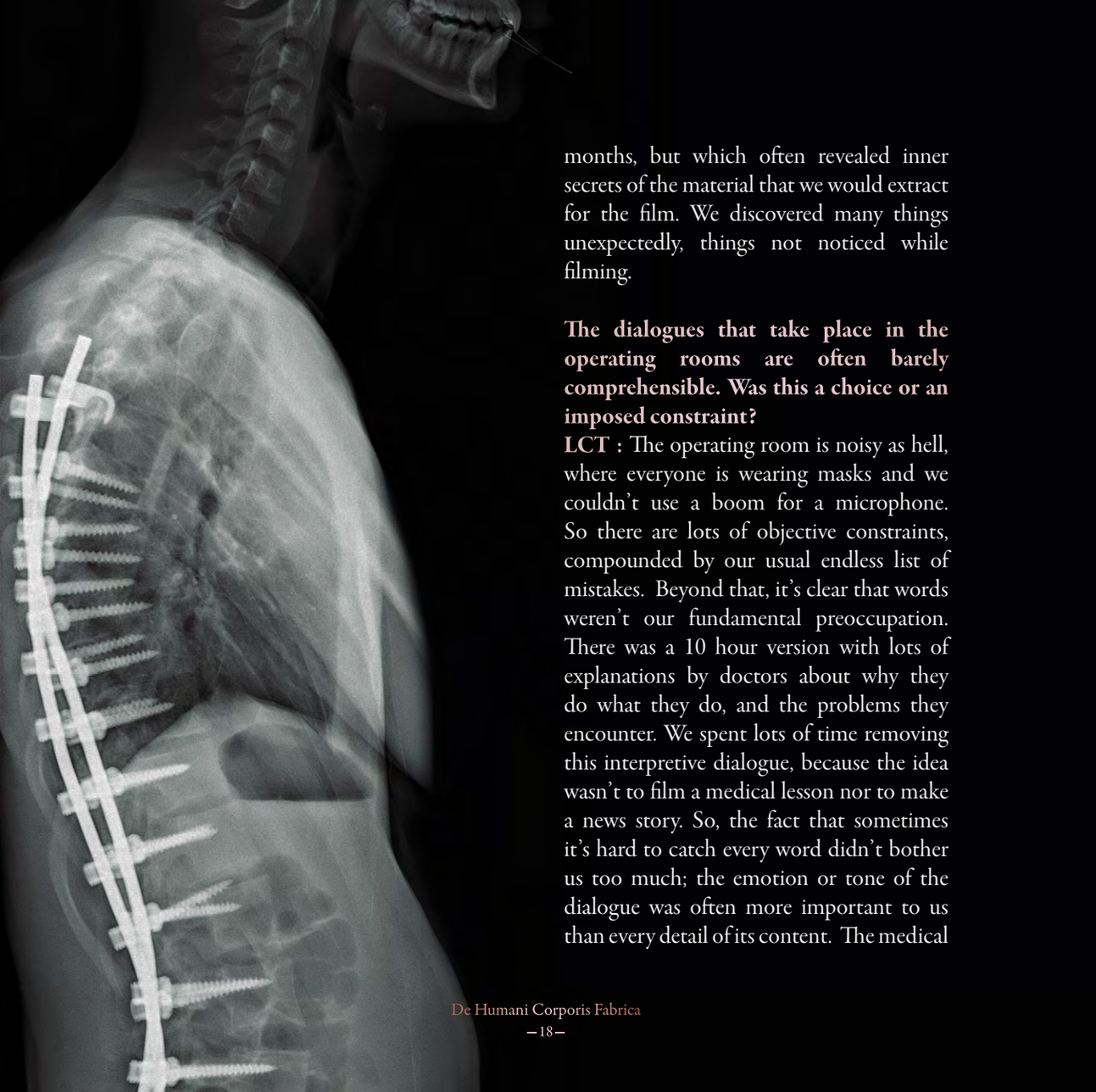
one can find graffiti artists, homeless people, prostitutes, animals, domesticated and not... Filming this was important so that this circulatory system, and the network of interdependencies it enables, could be made visible. These presences that can be pathogens, or beneficial micro- or macro-organisms.

LCT : These corridors are the guts of the hospital.

You did a lot of shooting, filming situations that were quite diverse yet don't in and of themselves impose an obvious narrative structure. How was the editing process, under these conditions ?

VP : We shot a total of 350 hours of footage. It was obvious that there could be no separation between the shooting and editing processes. Our way of working doesn't resemble that of a painter starting in front of a white canvas, nor a builder assembling disparate elements, but rather a sculptor in front of a block of stone or a tree trunk, confronted with an enormous amount of impurity and heterogeneity, out of which a form must emerge, based on a structure that is still hidden in the interior of this mass, a structure that hasn't yet been encountered.

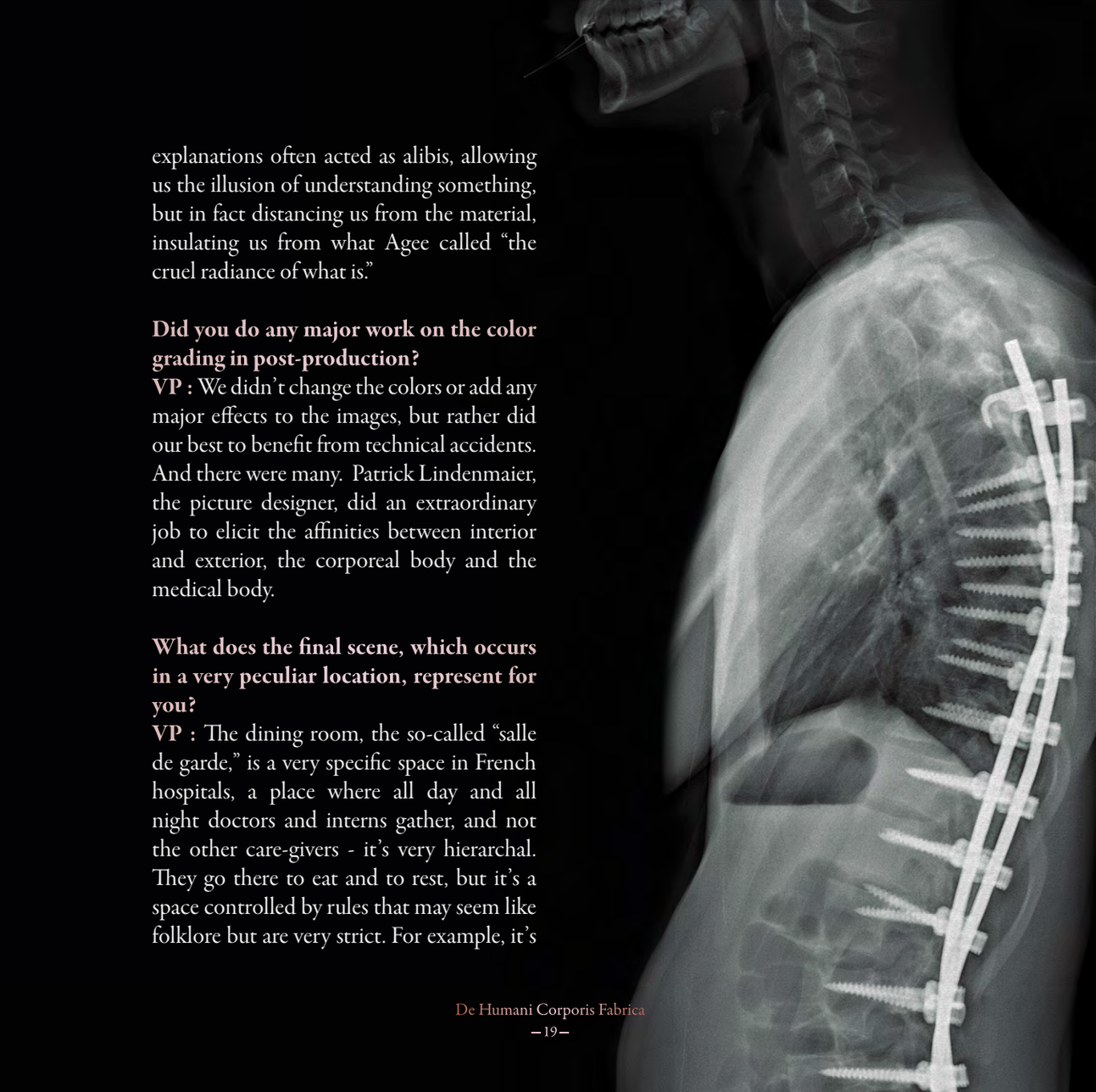
LCT : Many of our choices are intuitive, based on questions of sensibility, and how we sense the "inner poetry" of things. We almost never have a deliberate, conscious intentionality that would dicate the choice of this or that scene, or the order a given sequence. Basically there are too many films in the world, almost all of them unwatchable, just as there are too many commodities, too many things. The only excuse to inflict another film on the world is if it allows to apprehend reality in a way that hasn't happened before. We spent thousands of hours editing — we began the process early, well before the end of principal filming, exploring countless combinations, in order to feel them out and discuss them in depth – in this it was particularly important that there are two of us. We would often go back and redo sequences. But, even before this essentially endless process, we had to find the rapport between our footage and that we downloaded from the "purely" medical cameras, as well as synchronise the recorded sound with the images that accompany them. It was an enormous task which took



months, but which often revealed inner secrets of the material that we would extract for the film. We discovered many things unexpectedly, things not noticed while filming.

The dialogues that take place in the operating rooms are often barely comprehensible. Was this a choice or an imposed constraint?

LCT : The operating room is noisy as hell, where everyone is wearing masks and we couldn't use a boom for a microphone. So there are lots of objective constraints, compounded by our usual endless list of mistakes. Beyond that, it's clear that words weren't our fundamental preoccupation. There was a 10 hour version with lots of explanations by doctors about why they do what they do, and the problems they encounter. We spent lots of time removing this interpretive dialogue, because the idea wasn't to film a medical lesson nor to make a news story. So, the fact that sometimes it's hard to catch every word didn't bother us too much; the emotion or tone of the dialogue was often more important to us than every detail of its content. The medical



explanations often acted as alibis, allowing us the illusion of understanding something, but in fact distancing us from the material, insulating us from what Agee called "the cruel radiance of what is."

Did you do any major work on the color grading in post-production?

VP : We didn't change the colors or add any major effects to the images, but rather did our best to benefit from technical accidents. And there were many. Patrick Lindenmaier, the picture designer, did an extraordinary job to elicit the affinities between interior and exterior, the corporeal body and the medical body.

What does the final scene, which occurs in a very peculiar location, represent for you?

VP : The dining room, the so-called "salle de garde," is a very specific space in French hospitals, a place where all day and all night doctors and interns gather, and not the other care-givers - it's very hierarchal. They go there to eat and to rest, but it's a space controlled by rules that may seem like folklore but are very strict. For example, it's

forbidden to speak about medical subjects, and there are codes about where and how to sit, with punishments of a generally sexual nature for each infraction. Most doctors are strongly attached to this space, which traditionally was adorned with pornographic frescoes. Here we get a sense of how life, death, and religion intermingle.

LCT : And of course sex. For me, the final scene is carnivalesque —in desublimating, and to some degree transcending or finding temporary peace with, all the traumatic transgressions that medics both enact on their patients and are themselves subject to. Without these moments of liminal anti-structure, or catharsis, it would be hard for the medics to keep on going. It's obscene, to be sure — etymologically too, as it happens behind closed doors — but it's also therapeutic and purgative. It's also a world, or a ritual, that's on the wane, as its pornographic, mostly heterosexist, and sometimes patriarchal imagery is at odds with emerging sensibilities.

Does giving the film the title *De Humani Corporis Fabrica* indicate that we're at a historical turning point in relationship to science, medicine, the body, on the level of what happened in 1543, when Vesalius published his work – indeed, at the very moment when Copernicus published *On the Revolutions of the Heavenly Spheres*?

VP : The film doesn't claim to play a role comparable to that of Vesalius in the history of medicine. But we do try to open up our bodies and look at them with new eyes, in a way that hadn't happened before, one that adds movement, time, texture, and sound to still anatomical imagery. This has physical, technical, political, spiritual, and existential implications, which are all being reconfigured in the present moment, and it addresses contemporary crises, like the current pandemic, which reminds us of our finitude, and somehow simultaneously of our immense solitude and our mutually constitutive interdependent collectivity. The film's ambition is to help us reinterpret our body and its relationship to the world. ■

Interview by Jean-Michel Frodon

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- **Caniba** (2017), with Lucien Castaing-Taylor
- **Commensal** (2017), with Lucien Castaing-Taylor
- **Somniloquies** (2016), with Lucien Castaing-Taylor
- **Ah Humanity!** (2015), with Lucien Castaing-Taylor
- **Still Life** (2013), with Lucien Castaing-Taylor
- **Leviathan** (2012), with Lucien Castaing-Taylor
- **Foreign Parts** (2009), with J.P. Sniadeki

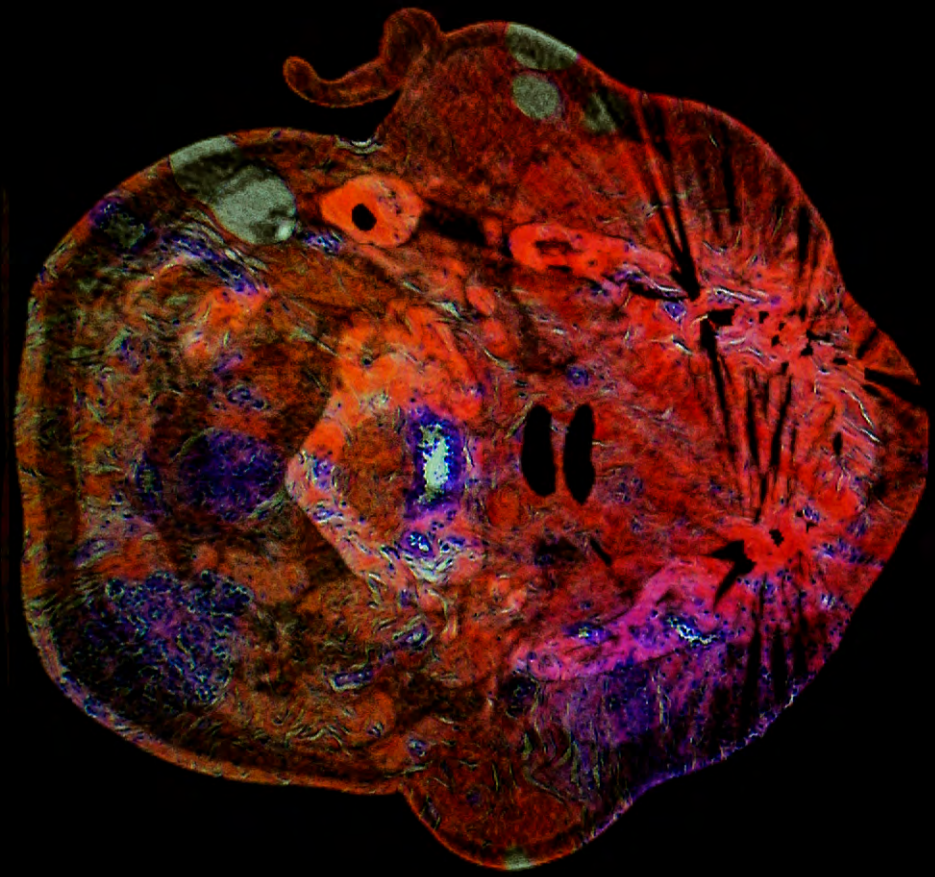
LUCIEN CASTAING-TAYLOR

- **De Humani Corporis Fabrica** (2022), with Verena Paravel
- **Caniba** (2017), with Verena Paravel
- **Commensal** (2017), with Verena Paravel
- **Somniloquies** (2016), with Verena Paravel
- **Ah Humanity!** (2015), with Verena Paravel
- **Still Life** (2013), with Verena Paravel
- **Leviathan** (2012), with Verena Paravel
- **Sweetgrass** (2010), with Ilisa Barbash

VERENA PARAVEL and **LUCIEN CASTAING-TAYLOR** collaborate as filmmakers at the Sensory Ethnography Laboratory, Harvard University. Their films and installations have been screened in prestigious festivals such as AFI, BAFICI, Berlin, CPH:DOX, Locarno, New York, Toronto and Venice film festival. Recently, their work joined the permanent collections of the Museum such as the MoMa, the British Museum, and has been exhibited at Tate Modern in London, Withney Museum, Centre Pompidou and Berlin Kunsthalle.

In 2013, their film *Leviathan* received the FIPRESCI Award at Locarno International Film Festival and numerous awards all around the world. *Somniloquies*, was broadcasted on ARTE and at Berlinale in 2017. *Caniba* won the Special Jury Award at 74th Venice Film Festival among many other awards.

De Humani Corporis Fabrica is their fourth film resulting from their collaboration. ■



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