

Drawing by Kurdish musician Suleiman

Art 95

Jacques Arpin

The Pen and the Katana

Drawings as testimony

Abstract: This article presents eight drawing montages which illustrate eight moments where Eugenio Barba's theatre anthropology met cultural psychiatry in Jacques Arpin's personal and professional life. The principals of theatre anthropology are developed into therapeutic processes in collaboration with performing artists from other cultures.

Keywords: Jacques Arpin; Drawings; Theatre anthropology

Foreword

Always in the front row. Always.
Much to some spectators' resentment.
My drawing book, an alibi, my ally.
I also take pirate photos - no flash.
All you need is scotch tape over the film's code bar.
Tungsten, not digital.
Tony d'Urso, Odin Teatret's photographer
taught me that
a good researcher must be able to transgress.
Sometimes.

This is an excerpt of my road film as an observer at some ISTA sessions, seeing Odin Teatret's performances in Holstebro and on tour. These eight drawing montages illustrate eight moments where Eugenio Barba's theatre anthropology met cultural psychiatry in my personal and professional life, much to the satisfaction of many patients and to the total incomprehension of others.

Beware of observers. They look, listen, take notes and draw. They remember.

At the age of eight, my body was challenged by polio and encephalitis, a double virus that affects peripheral nerves and causes inflammation of the brain. No vaccines nor treatments were available. My doctor wisely sent me to a professional dancer and child therapist. She managed to open a door to my paralysed left side, leaving a dancing trace.



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Paper, notebooks, pens, pencils, ink with feathers, twigs and my fingers had me drawing, and learning how to play guitar completed the recovery programme. I realised that imitating and repeating was a way to learn. Sitting close to the musicians at The American Folk Blues Festival, eyes glued on Lightnin' Hopkins' guitar, I learned chord positions as I drew them, and music as I felt it.

One - 1992, ISTA session in Brecon, Wales.

Theme: Working on Performance East and West/Subscore



The drawing: I Ketut Suteja in *sldek* postural apnea - Swasthi Widjaja Bandem's back.

And beyond: Here I was, discovering body as codified learning; as *keras/manis* contrast; as master and student, one-to-one; as transformation, the fictive body. All of these within seconds, a shock summarised by *sldek* (onomatopoeia).

Swasthi Widjaja Bandem was not in Brecon. I met her two years later: it is her presence that “supervises” Suteja - my imagination.

All my receptors were open. My proprioceptive system went into overdrive. Standby mode was impossible. I had to document, write, draw, take photos, stand up and imitate the dancers. Total agitation, the result of my avid curiosity and will to

learn quickly to catch up with all the teaching I had not had so far. In clinical terms, I now call that the *sldek effect*.

I found myself holding a bundle of keys - so many possibilities, so many doors to open. Overwhelmed.

At that time, I was working in transcultural medicine and psychiatry and involved in migration and health programmes. Only now did I understand something I had read about, yet not grasped.

The Culture and Personality studies, in 1920-1950 anthropology stated that, in some instances, culture *is* personality, which confers a sort of group body identity, corporative, national, populations of warriors, peasants, artists. That was square, too simplistic. The studies evolved proposing that culture *stages* personality. Culture gives directions of what to do and what not to do. However, if you must transgress, this is how...

Brecon was a session for directors. All these bodies staged by their respective cultures.

The coordinating director had all participants working in a coherent form. I understood that I had found a new opening. As a healer, I could be a director for my patients, enabling them to evolve through their itineraries like Suteja and the other traditional performers at the session.

Did I say “I understood”? Wrong, my hands did. Drawing these codified bodies imprinted in my own body memory messages that I would later decypher and put into practice when I myself started dancing Indian kathak, Balinese topeng and Japanese buyo.

I left Brecon with the conviction that I could apply such learning to patients, their bodies in whatever condition they might be.

TWO – 1994, ISTA session in Londrina, Paraná, Brazil

Theme: Tradition and Founders of Traditions



The drawing: Sanjukta Panigrahi offering her body experience to a raped woman's maimed body. War and peace, body exploded vs body centred.

And beyond: It takes few lines to translate the dance master's presence and energy. I drew what I saw. I drew this raped woman, a patient, “under dictation”. She described her body as she felt it had become after the abuse.

I realised that such a master could act as a co-healer at my consultation. I met bharata natyam master, Sujatha Venkatesh in Switzerland, with whom I have collaborated for over 25 years.

After the Brecon *sldek effect*, shock, I moved on to Londrina's structural approach which gave me the opportunity to have a go at each tradition with guest masters from India, Bali, Japan, Brazil and the

Odin. Upon my return to Geneva I noticed a poster proposing a Japanese traditional dance workshop. This was the beginning of my adapting ISTA to my professional activities while training in Indian kathak, Balinese topeng and Japanese buyo. At my master Keiko Sugawara's class, one of the first orders I heard was “Do what I do; don't listen to what I say”. I had moved into disciplinarian training work that I could adapt and use when working with patients.

When doing my morning initiation within the Odin Teatret tradition, Roberta Carreri demonstrated the dance of a snake at the entrance to a night-club, undulating, reacting. Then she said: “Your turn”. After we had done our best, she walked towards me, stood a few inches away and said: “Have you looked at yourself?! The upper and bottom parts of your body are not connected; they don’t work together - you’ve got to do something about it”. That was a door-opener and the beginning of a friendship.

And then, I started my journey in dance classes.

In periods of acute uprooting through wars, disasters and other causes for PTSD, the codified body learning can be useful as a structural method. The Founders of Traditions' theme, illustrated by Sanjukta Panigrahi's reviving the odissi dance form, an inspiration to encourage and enable patients to revisit their traditions shaken by traumas, not through theories but with techniques and tools. From this moment on, in Londrina, my consultation stopped being a specialty. Keys were available, opening doors to holistic interactions enabling patients to learn how to master their bodies.

THREE - 1996, ISTA session in Copenhagen, Denmark

Theme: The Performer's Bios



The drawing: Eugenio Barba lecturing.

And beyond: Documenting the Dancing Barba “I dance with my eyes”.

Yes, but your postures, your choreography and this right hand that always seems to carry some torch, or dagger, or hand grenade, what about that? Have you become some hybrid of your guests' expressed traditions?

I have watched and drawn him at introductions, 5:00 PM talks during Odin Weeks, directing the composite Theatrum Mundi.

Learning by imitation and repetition is a conducting thread in all these teaching methods. It is not just copying; it is reconstructing the paths that have lead to what I was seeing now.

Reading bodies, journeying through their training years, being in their villages with their families, their masters.

Reading Barba directing the Odin, seeing demonstrations about the creative processes (for example, *Letter in the Wind* for *Salt*¹).

1. *Salt*, Odin Teatret's performance directed by Eugenio Barba, text adapted by Eugenio Barba from Antonio Tabucchi's *Si sta facendo sempre più tardi*. Actors: Roberta Carreri, Jan Ferslev. Music: Jan Ferslev.

Reading patients' bodies beyond their verbal narrations, beyond their clinical pictures and beyond the medical formatting of these stories to allow for multi-dimensional case histories.

Narrative is not the monopoly of words and verbal forms. Consider the many layers of body language, the personal, social and cultural connotations often obscure at the beginning. Imagine being able to see through the many illustrated boards of a kamishibai story or the painted layers of matte film decor.

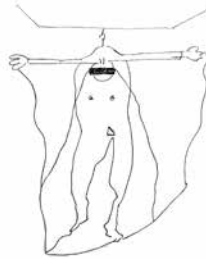
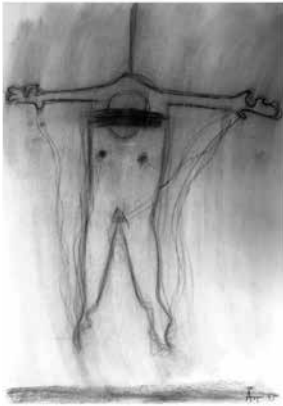
The layered narrative strategy makes many so-called clinical stories look like Akira Kurosawa's tacit scenes in *The Seven Samurais*: no words, so much eloquence.

Patients may have a sense and perception of these layers, but it takes a director/healer to help them establish some form of a collage for their stories to come together. In my practice I sometimes allow myself to trade places with patients. This is entirely collaborative and the director I have become must keep in mind that a patient is both author and actor.

Visuals and drawings are indispensable here.

Watching and drawing Barba's interventions, I am an observer as well as an interacting spectator. I navigate between theatre performance and the performance of illness and care.

FOUR - 1980s, somewhere in Turkish Kurdistan and at my consultation's stage



The drawing: Suleiman by himself and by me "under dictation"

And beyond : "I can't draw. Anyway, I couldn't draw myself; it's too anguishing. It's like I have become a stranger to myself."

OK, I said, I will draw what you describe - the "under dictation" technique I use when documenting a case of history's excruciating layers, hidden and distorted

memories buried behind and under walls of defense.

An illustration of pain.

Looking fit and handsome, active as a Kurdish touring musician, Suleiman had deep horrific layers. Drawing him was not enough. I needed more details, adding a second sketch to make it clear, visually. Tied to a wooden hanger, head sunk into his thorax, emphasis on genitals and nipples, feet so dysmorphic he wouldn't even be able to stand. And these lines around him. I learned that they were electric wires through which flowed the shocks aimed at his most sensitive areas.

Suleiman is a hybrid made of flesh, wood, and electric wires. To treat him I first had to undo these elements to place the human being on one side and the torture instruments on the other.

When treating traumatised patients, you are never alone with them. There is always the child, the one who never managed to be heard and who appears. Mentioning to a patient that this child-self is in the room sounds unreal. It is real. The grown-up and the ghost child are two of the many layers in this history's montage.

To cope and evolve towards resilience, such patients may create a body-healing "methodology", revisiting what they have lost and what's still intact in order to visualise the situation. Watching ISTA masters, I felt that if they could meet my patients, they could give them guidance and training towards becoming autonomous in mastering their conditions.

At this moment a new project started taking shape: The Masters of Their Conditions. Patients can master their condition the same way a dancer, an actress, a musician can master their repertoires. Conditions, not illnesses. I didn't want to limit the project to a medical concern and approach. All people with conditions are not necessarily patients.

I built a stage at my consultation and started this theatre laboratory.

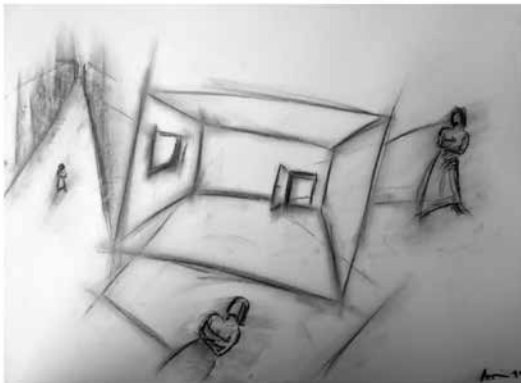
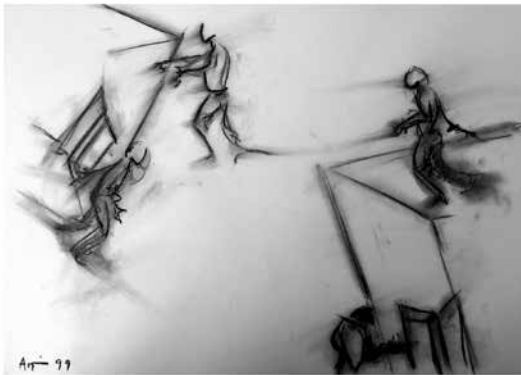
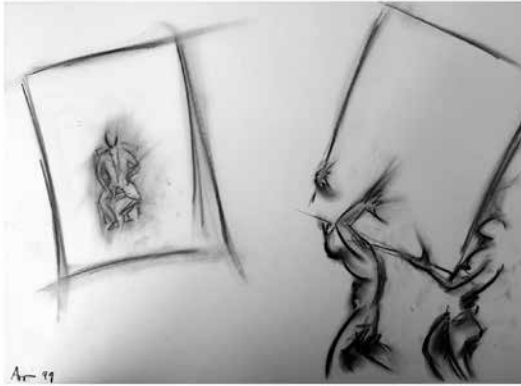
When a friend of mine started showing signs of a stiff form of Parkinson, she was first treated by a neurologist. Then I took her to my Japanese dance master to complete the adaptive body work. She became a graceful dancer, fluent and flexible while still having to undergo allopathic treatments and successful brain implants.

FIVE

The drawing: Building a set - from carpenter's workshop to theatre stage.
(Odin stages, ISTA accommodation, for example, Londrina's *Praça Vermelha*)

And beyond: Clinical snippets and reconstructing strategies - After years of trekking through medical, surgical and psychiatric services, this carpenter who had fallen from scaffolding had lost all self-confidence. He was on the sinister path to chronicity, mostly the making of professional overzealous measures. I directed him back to his peers, carpenters and other construction workers, so he could remember how his body had been trained. Most important, he could trade this chronic patient label for a restored artisan identity.

Artisans and crafts in the performing arts - I have spent a lot of time as an observer of the training and performances at circus schools, studying these bodies learning to manage heights, balance, cohesion, precision. Working on the floor (calisthenics, juggling), under the ceiling (trapeze, mast) and in-between (ropes, silks, trampoline), groups of corporate performers become recognisable through common points in their body training techniques. The same goes for carpenters, masons, crane operators and other workers and craftspeople whose bodies carry traditions, as in Asian dance forms and other crafts. They all become living treasures.



Codified training shapes bodies - Mannerisms and imitation may create the impression there was a learning method behind this corporative repertory of postures and gestures: for example, politicians addressing a crowd, in television debates, surgeons in operating rooms, lawyers in courts, rock'n'roll attitudes.

Corporations and ethnic communities offer precious material for observation on how to approach migrations and migrants.

In my Japanese buyo classes, I learned the dance of the tea ceremony, of the public writer, of the sword's blacksmith, which are professional activities. In the same way, Etienne Decroux choreographed the mimes of the carpenter and the washerwoman. Dario Fo's *gestualità del lavoro*, reminded me of a stone cutter in my village where I would meet his peers, the *Compagnons*, who toured France and neighbouring countries.

I became acquainted with Dario Fo's *Il corpo mediterraneo* during my professional life, working with construction workers (Italians, Kosovars), with hotel personnel (Portuguese), with other groups of foreign people in post-disaster group

therapies.

From treating personal traumas to collective ones, wars, disasters, epidemics, medicine and psychiatry benefit from artists who research and illustrate physical work in professions (*métiers*) and cultural communities.

And this is how a patient was able to once resume his identity as a carpenter.



SIX - 1994-1998, Mythos one of my three series

The drawing: Scenes from Odin Teatret's *Mythos*. Iben Nagel Rasmussen as Medea, Tage Larsen as Oedipus.

And beyond: I got on the Odin train in 1988. Between Barba's lecture and the performance *Talabot* in Geneva and my first ISTA session in Brecon, in 1992, I had three years to catch up with the earlier years of Odin. I "read" the history through the photos of Tony d'Urso, amazed by his skill in framing his subjects into wordless narrative (yes, somehow like Kurosawa). I got to know Torgeir Wethal as a documentary filmmaker and editor, for example with *The Two Banks of the River*, with its dynamic and



rhythmic groove, alternating storytelling and images as in a concept music album.

And the Dictionary of Theatre Anthropology's rich iconography.

I was there:

Kaosmos performances in Londrina and its reduced version *Inside the Skeleton of the Whale* in Holstebro's white room. *Mythos* in various places. *Andersen's Dream*, as the opening of the Odin Week Festival. *The Chronic Life* and *Festuge* (Festive Week) at Odin Teatret's 50th anniversary. The chamber performances *Itsi Bitsi* in Brecon and further occasions, *Judith* in Holstebro, *Ester's Book* at a Festuge, Mr Peanut's and Doña Música's adventures, *Salt* and its process demonstration *Letter in the Wind*. The master classes and the collective demonstration *The Whispering Winds in Theatre and Dance*. *Ode to Progress*, barbers, parades and the Odin musicians with and without the group.

Clear Enigma, Odin Teatret's 50th anniversary performance with scenes from all previous productions, during which the making of past drawings came back into my hands, alive. Hands remember what they have drawn. They may even make spontaneous corrections.

Exchange:

Odin Teatret and theatre laboratories inspired my own stage work at my consultation. After having digested and incorporated what I had learned, I was ready to use it.

When "directed" by their illness or other conditions, patients may get into an equivalent of character acting, depending on how well they fit the syndrome and its

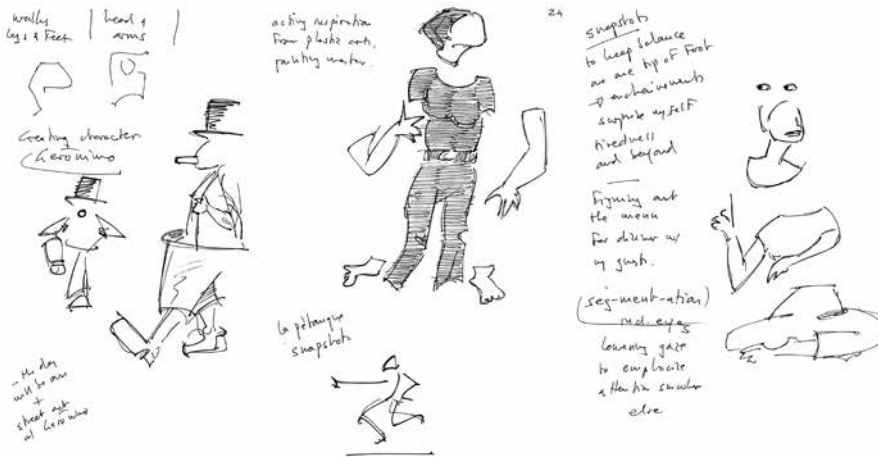
manifestations. Patients may then elaborate a performance of their condition to be complemented with the performance of care.

Encouraged to move out of Holstebro and to collaborate with foreign performers, the Odin actors have pursued personal projects in Brazil, Cuba, Japan and other places. These projects compare with migration and health programmes as well as general health issues concerning body representation, cross-cultural interactions, and more clinical situations. Comparative ethnology blends with medicine and psychiatry.

SEVEN

The drawing: A montage of Roberta Carreri's work demonstration *Traces in the Snow*.

And beyond: In her work demonstration, Roberta opens every chapter with: "At the Odin, ... This is how we do it. There are other approaches, but this is what I learned, and this is where I learned how to develop my self-exploration, the score of an actress."



It was contagious. After the direct approach about "Have you looked at yourself?" in Londrina, I did something with myself. Creating a mini-ISTA network, starting classes in Asian dance forms and bringing these masters to my consultation's stage to work with my patients.

I wanted to focus my observation on Roberta's various incarnations: the Odin actress, in ensemble plays and other performances.

Cassandra in *Mythos*; her history among the Odin repertory since her beginnings. Molly Bloom in the collective demonstration, *The Whispering Winds in Theatre and Dance*. The research on butoh with Natsu Nakajima. The solo actress in *Judith* and author in *Flowers for Torgeir*. In a duet with Jan Ferslev for *Salt* and its process demonstration

Letter in the Wind. The street parade character, Geronimo, seen in barbers and other outdoor acts.

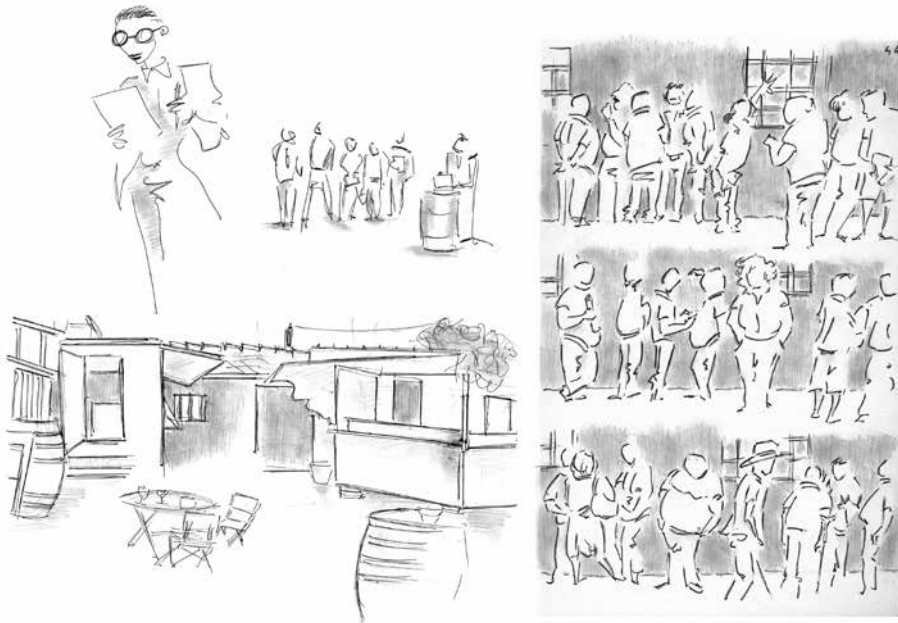
At the work demonstration she shared with Torgeir, *Nora's Way on A Doll's House*. In August 2010, two months after Torgeir's passing, Roberta performed this duet alone, yet with the same set the couple used on stage, two tables, chairs.

Grief is not an illness, yet its effects upon a person's stability is such that it is a medical issue. I realise that, presenting this demonstration she presented a montage. At the same time, she was also performing a debriefing about her loss, that can be explained through several layers: Roberta who had lost Torgeir. The Odin actress who had lost her acting partner. Ibsen's Nora who had lost Torvald.

Wishing to move beyond one-dimensional psychiatric circles, I presented my work in public theatres as lecture-performances: *The Masters of Their Conditions* (At the crossroads of health, culture and the performing arts. With Sujatha Venkatesh). *The Dancer, the Carpenter and the Seven Samurais* (about body learning as in traditional codified methods. The performers learn and train their own bodies). *The Prosthesis, the Actor and the Performance* (about body modified by external intervention, no previous training. Bodies not learnt or "unlearned" by technologies, plastic and cosmetic procedures).

EIGHT

The drawing: A spot, random individuals, framing an action (i.e. an empty space; personae dramatis; stories).



And beyond: Theatre as the spot from where to see the action: *Teatro della Piazza*, *Théâtre du Bistrot*, Marketplace Theatre and other scenic environments where the observer becomes a detecting device - all receptors open.

I, the observer, am now a director sitting in the tenth row during rehearsals, a board covered with notes, phones, laptops. Now he looks at the stage, set, actors; make-up artists, costume-makers in the wings, in their workshops; stage regisseur and props; light and sound engineers; builders, technicians. Behind and elsewhere, publicity, ticket sellers, ...

Pre-production is a must. I am on location beforehand (and after performances) to feel the scenic environments and notice the changes.

Doing pre-montage, scouting, for example accompanying Julia Varley as she checked accommodations in Londrina days before the session. Then meeting the venue's personnel, technicians, asking for stories, explanations, and gossip. This is a whole construction, parallel to the event's organisation. Sources of information are there - the observer must go and get them.

Thanks to years of dancing, my body has acquired skills and presence.

I accept that my mind, my intellect cannot do everything. I delegate tasks to my body. Dance and other adaptive body work gave me postural and gestural confidence.

Drawing is one form of testimony. It is a responsibility

I am the pen when my hands react more promptly than my mind; I am the katana when drawings need to be weapons.

Annex:

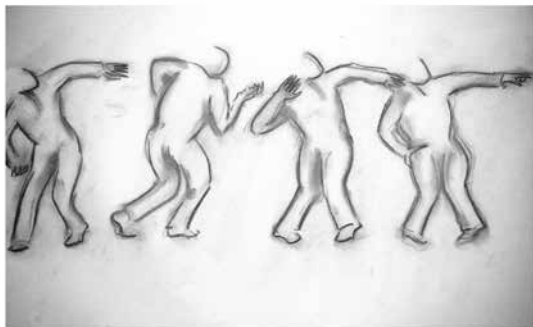
Further inspiration and clinical applications

Within ISTA and along my own paths, I have met other inspirations that I could immediately plug into clinical applications. In previous writings I have discussed body performers, namely Marina Abramovic, Orlan, Franko B. and Stelarc, developing my observation of Olivier de Sagazan and more body experimental performers.

Completing this presentation's eight chronological steps into ISTA and Odin Teatret and how these influences have imprinted my clinical practice, here are four more montages, two from ISTA and two from other observations.

Sequences or “forms” in martial arts and dance

The drawings: top Balinese dancer, bottom Gennadi Bogdanov - biomechanics.



After observing the Asian masters available at ISTA sessions, I wondered about Western equivalents of codified body learning and its organisation into an architecture, a grammar of posture and gestures. Demonstrating Meyerhold's biomechanics, Gennadi Bogdanov elaborated such a sequence, here contrasting with that of a Balinese dancer. Grammars of codified postures, like an Edward Muybridge studies in motion has resonance into Japanese *kata* and other sequences in martial arts, dance forms and other professional performances, carpentry, masonry. This is how the teaching gets into the students' proprioceptive memory. Applications for patients occur when the above artisans consult as construction workers and/or

immigrants whose bodies need reorganising.

I have also sought inspiration among circus artists who have their *kata* in trapeze, juggling, calisthenic. Street artists may blend their arts with the natural environments such as with *parkour* users of urban furniture and landscape, a form of training that proves useful when reintegrating patients back into life after illnesses and hospitalisations, such as elderly and/or disabled persons.

Creating a space of defense and action

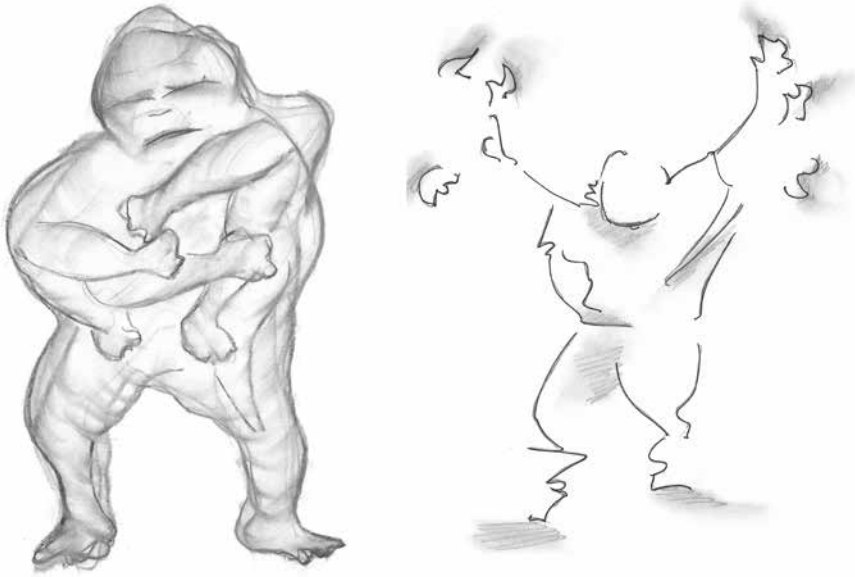
The drawings: left abused child - no defense, right mime Thomas Leabhart with hands.

Abused patients have integrated into their bodies all mistreatments, tortures, rapes that have literally penetrated their memory without encountering any resistance. Bad learning and good learning proceed the same way - no space of defense. Theatre has a responsibility of resistance and must be a refuge for all in need of, in this case, a structural

learning system. Therefore, I have sent many patients to basic martial arts training classes, and so do associations such as rape victims' associations in Geneva. The art forms I explored after my ISTA initiations also have such learning systems.

Scenes of combat are present in various forms such as Japanese buyo or nô theatre.

I was impressed by Thomas Leabhart's mime of the four stages of anesthesia, a direct link to my clinical training, as well as his demonstrations of Etienne Decroux' *études* of



artisans, carpenter, washerwoman, a direct link with my migration and health concerns. Creating virtual spaces in mime inspired my orientating patients into considering their everyday life scenography, building confidence (as with *parkour*) and protective spaces to reinforce their body integrity.

Butoh and the naked body

The drawings: left Daisuke Yoshimoto performance, right patient at hospital's emergency ward.

Tatsumi Hijikata's research was basically avant-garde experimentation. It has wrongly been associated with a re-enactment of Hiroshima. Yet, the connection is interestingly relevant. The body of the butoh, bare, naked, covered with clay, later grease paint is the ghostly transmitter of the dance of darkness. The whole setting has always fascinated me. I saw Kazuo Ohno, Carlotta Ikeda, Sankai Juku, visited the butoh archives at Keio University with anthropologist Keizo Miyasaka. This plate represents Daisuke Yoshimoto in a series of excruciating performances that reminded me of the ordeals of victims



of mistreatments, Ryszard Cieslak's *Constant Prince*, for example, but also patients at a hospital ward, brutally undressed to their barest selves. Examined like mannequins, even if there is empathy, the procedure may be disorientating. I have been into such nudity exercise during my own experience of cancers. I can use it now with patients, guiding them as both ex-patient and doctor and within the actions of interest groups. The wounded healer gets into a position to share the adventurous paths of illness and care with patients.

Distorted body and space

The drawings: background Francis Bacon imitation, inclusions scream one and two - distorted by anguish.

In a BBC documentary, Francis Bacon gave some hints about his observation and painting methods: direct paint, no previous pencil drawing; looking at people in pubs, through his glass bottom, deformed as in some mirrors. He hijacked Velazquez' painting of Pope Innocent X, revealing, perhaps, a silent scream from inside of the subject memory. An open mouth for silent scream made me think of the Barba & Savarese's reference to Brecht actress Helene Weigel as Mutter Courage's scream of pain as she hears her son being shot by soldiers.

The invisible pain, verbal, non-verbal, often not even told within the patient's case-history making. The silent complaint may take a clinician on many wrong paths before understanding where to go to find the pain, the anguish, the terror that may have built a whole clinical body, creating illness through years of enduring and not exorcising. This is what takes me to further investigations as a clinical and therapeutical sleuth.■

