

After
On the Adamant



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At **Averroes** & **Rosa Parks**

A film by
Nicolas Philibert



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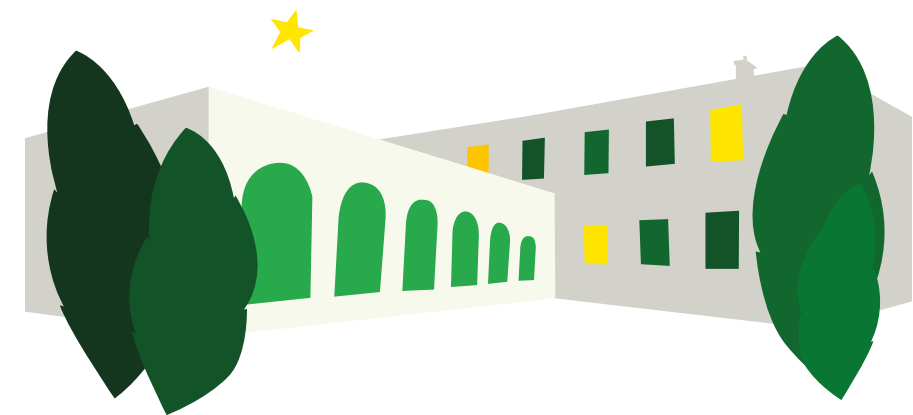
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At Averroes & Rosa Parks

A film by **Nicolas Philibert**



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A man with a beard, wearing a white jacket and blue pants, is sitting on a dark metal bench in a long, covered walkway. The walkway is lined with tall, light-colored stone columns. At the end of the walkway, there is a large, arched red door with a grid of windows. The scene is brightly lit, suggesting daytime. In the background, a white building with windows and some trees are visible.

Averroès and *Rosa Parks*: two units of the Esquirol Hospital, which - like the Adamant - are part of the Paris Central Psychiatric Group. From individual interviews to "carer-patient" meetings, the filmmaker focuses on showing a form of psychiatry that continually strives to make room for and rehabilitate the patients' words. Little by little, each one eases open the door to their world. Within an increasingly worn-out health system, how can the forsaken be given a place among others?



Birth of a triptych

By Nicolas Philibert



Before I began shooting *On the Adamant*, I had told myself that this highly original day centre – built on water – was a sort of autonomous little island, not necessarily closed in on itself, but fairly self-sufficient, say. I of course knew that the Adamant was part of a greater whole, the Paris Central Group, that also includes two medical-psychological centres, a mobile team and two care units, aptly named *Averroès* and *Rosa Parks*, within the Esquirol Hospital – formerly known as "The Charenton Asylum" – but it was as if, afraid of spreading myself too thinly, I refused to see how complementary and interdependent these different structures were and how they formed, with the Adamant, a network within which patients and carers were continually urged to circulate, each one able to "build his or her own cartography between the different points of reference at their disposal". Subconsciously perhaps, I had needed to detach the Adamant from its context as if to single it out more clearly.

Once there, I quickly realized that this off-screen world had to be given an existence, if only in an allusive manner, at the risk of falsifying reality. Images are always misleading, you

may say, and relating what we see is only ever one reading among others, an interpretation, but, even so, completely masking this plural dimension would have been an aberration. While the Adamant attracted attention, the other structures, more classical, were no less essential. The two medical-psychological centres were snowed under with requests and it took months to obtain an appointment. At Esquirol, *Averroès* and *Rosa Parks* were continually jam-packed. Moreover, several "passengers" on the Adamant with whom I had good contacts were staying there. I am thinking notably of Olivier with whom I had shot a sequence at the drawing workshop that had overwhelmed me, or François, the man who would open the film – once edited – by singing *La Bombe humaine*. Tearing themselves away from the hospital required them to make a huge effort. Getting up, dressing, crossing the grounds and going as far as the metro were often insurmountable tasks.

One day, I decided to visit them there. The *Averroès* and *Rosa Parks* units share a single building around a tree-filled patio. *Averroès* is on the ground floor and *Rosa Parks* upstairs. Neon-lit corridors, doors fitted with portholes, small single or twin rooms, a TV room on each floor, a few rooms set aside for meetings, mismatched chairs, a self-service restaurant. On the diagonal of the patio, a welcoming greenhouse where the Tuesday "carer-patients" meetings, the Wednesday morning "bar" and the few remaining workshops are held. That day, Olivier was busy, but I spent two hours

talking to François. The perceptiveness with which he related his experience of more than thirty years in psychiatric care made a strong impression on me.

I returned over the following weeks and met other patients. Some seemed to be on the edge of the abyss and avoided all contact. Others were happy to have someone to talk to. Romain, thirty or so, spent his days "*watching the plants grow and doing magic tricks.*" Great! He took a pack of cards out of his pocket and did several tricks for me that all failed miserably. He was a little put out but ended up laughing about it. Eva had been hospitalized "at the request of a third party". This wasn't the first time. "*I become obsessed... When I grow fond of someone, I find it hard letting go, and it turns into harassment.*" Myriam did not want the others to hear her story. We met in the TV room. As part of her therapy, she had just unlocked a traumatic experience repressed for forty years. Placed in the care of her uncle and aunt at birth, she was abused by her uncle until the age of five. If I came back with the camera, she would testify: "*It will help me*", she said. But she would leave the hospital a few days later.

Each one of them seemed walled up in abyssal solitude. From one visit to the next, I noticed new faces. Absentees too. The rotation was unending. Some weeks, the shortage of beds was such that admitting a new patient meant that another had to leave. But which one? A headache. I met the nurses, the health auxiliaries, the psychiatrists, the psychologists,

the social workers, the administrative staff. Many of the nurses and health auxiliaries were temporary hires. Everyone was under pressure. I cautiously expressed my wish to come and shoot "*a few extra shots*" that would help to create the link between the Adamant and the hospital. The idea was greeted warmly. Nearly everyone knew about the filming taking place at the day centre and they had clearly heard good things about it. I was invited to attend a meeting. Then the morning staff briefing. Then the Tuesday "carer-patient" meetings. Occasionally stormy, always colourful, it was not unusual to see a patient rebel, hurl abuse at the medical team, start railing against psychiatry, medication, living conditions in the hospital, the French Republic, the Vatican, the food, the coffee... Extra shots? Deep down, I felt I'd moved beyond that. The idea of a second film went through my mind. In it, I wished to focus on the consultations, those individual interviews between patients and carers. An approach that I had left to one side on the Adamant. It's true that one-on-one interviews are less frequent there.

Yet, at the same time, a third film had already begun to take shape. A few days earlier, I had had the opportunity to accompany and film two eminent members of the *Band* at the home of Patrice after the latter's typewriter had begun to play up. The *Band* is a small group of carers who are skilled with their hands and who, not content with restoring souls on the Adamant, occasionally go to patients' homes to do odd jobs: fixing a bookshelf, unblocking

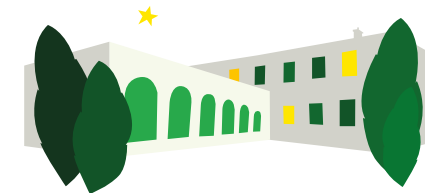
a washbasin, mending a plug, assembling a piece of furniture, etc. Patrice is an emblematic figure at the day centre. Winter or summer, this seventy-year-old man arrives every morning as soon as the place opens, goes to sit at "his" table, drinks a coffee and, without any further ado, begins writing a poem in alexandrines. When he gets home, he settles down at his typewriter and transcribes the day's poem. This highly regulated ritual seems to be what has kept him going for years. With his typewriter suddenly on the blink, he was in a terrible state. Walid and Goulven offered to stop by, without any guarantee of success. Both in their thirties, they had never seen a typewriter before... except in movies. They got to work. I filmed and recorded a beautiful scene.

This initial shift led to others. The members of the *Band* were called on regularly and other home visits awaited them. Why not keep following them? Restoring souls, repairing objects. A third film? Of course, this meant seeking additional funding, but for the rest, if I got organized... I began to believe in it. The three films would form a whole while remaining independent of each other: one could be seen without the other two. Three films within the same psychiatric department, each one of which would raise the curtain on a specific aspect of this psychiatric care that, despite the surrounding devastation, still strives to give priority to human relations. Each film would introduce new faces and reunite us with others. ■





Interview with Nicolas Philibert



This film is the second part of what will eventually be a triptych. How does it connect with *On the Adamant*?

At Averroès & Rosa Parks is an extension of the first film. It's a little as if, after having filmed the stage, this time I was showing the wings and basement. The atmosphere at the hospital is clearly not the same, the place is much starker and the patients who have ended up there are going through a period when they are more vulnerable, shakier. This is clear in the tone of the film, but it's the same psychiatric care, or rather what remains of it: a form of psychiatry that still strives to take into consideration people's words when the whole system, increasingly taken over by neurosciences, protocols, experts and evaluation scales, tends to crush that by banking on medication and nothing else. Today, hospitals are in the hands of managers, everyone knows that. They have to increase turnover, reduce the number of beds, shorten as far as possible the length of hospitalization and cut jobs... even though

many professionals are leaving of their own accord, unable to find meaning in what they do anymore. The film refers to this situation at several points: a young patient mentions it, the question arises in a meeting; it is there, in the background, but that doesn't necessarily make this what you could call a "militant" film. Or if there is a militant side, it is working in favour of a certain dignity.

Bringing a camera into a psychiatric hospital is far from commonplace. How did you go about it?

I was not starting from nothing. As my filming on the Adamant had gone well, I benefited from a favourable opinion. The carers had heard good things from their colleagues who move between the two settings and from the patients who frequented it. Some of them knew my films, notably *Every Little Thing*, the film that I shot at the La Borde clinic in 1995.

I began by filming a little at "the bar", the library and the newspaper workshop, three appointments that mark out the week. I



already knew most of the carers organizing them as nearly all of them work on the Adamant. There's not a lot of those sequences left, but they helped me to launch the shoot. Some patients agreed to be filmed, while others didn't. There was nothing surprising about that. One man occasionally burst into the frame making totally surreal comments. He insisted that I film him, he would soon be famous, no doubt about it, he'd show us! It was tricky. How could I avoid upsetting him?

The majority of the film is based on interviews. What led you to make that choice?

That was my idea from the beginning. The interviews and, in second place, the "carer-patient" meetings. I wanted the film to be a host of interrogations. I wanted to open it up to the speech of the patients, their words, their suffering, snatches of their story, to what afflicts, assails, encloses, agitates or terrifies them. This porosity that exposes them to the violence of the world, that strikes them with its full force. The lucidity and acuteness with

which they talk about their inner world. The insatiable quest for meaning that torments them. Their hopes, their potentialities, and their humour at times.

If mental sickness is a pathology of connection, filming interviews seemed to me to be a good way to show how the carers try to accompany those who suffer from them and to forge with them the support structures that will help them to get back on their feet, make a new start, forge a connection with the world if not with themselves and reinsert themselves within the social fabric. It would show how accepting each one's specific words is a painstaking task, always on the edge, very hard to refine.

In *On the Adamant*, the carers were just as present, but that presence was more discreet. They were all the more so because the film did not designate them as such in an explicit manner. A certain haziness remained, rich in meaning. As the distinction between carers and patients was not underlined, the audience was obliged to rid itself of certain clichés. Here, the situation is different. The

face-to-face set-up clearly shows who is who. The therapeutic goal is instantly legible whereas it could seem less focused on "the boat", at least for someone outside this world.

The interviews that I filmed present a great deal of diversity. I played a lot in editing on the film's construction and rhythm. Linear at times, disjointed, uneven and zigzagging at others, they do not all advance at the same pace, nor do they have the same duration or the same tone. Some are fluid while others go nowhere. The personality of the patients and the diversity of the situations that they are going through clearly have an important role to play, just like the way in which the carers interpret what they say, each with his or her own style, references, occasional

automatisms, way of *being with* them, of letting the words come and of orienting the conversation or not.

How was this idea of filming the interviews received?

Nearly all the psychiatrists were for it, as long as each patient was too, of course. We talked about it ahead of filming and I relied on their opinion. With some patients, it was maybe not the right time. We would see later. With others, yes, why not? On a practical level, it was often a little acrobatic. The psychiatrists were run off their feet. And then, all of a sudden, they were free for a moment. But the patient had to be free too, or at least feel up to it and we needed to find a room





to film the interview, as the psychiatrists do not have individual offices. We barely had the time to set up. There were three of us. Two cameras, a mic on a stand, another at the end of the boom and we were ready to go.

Where the patients were concerned, there were some refusals, but fairly few in the end. The people that I approached were those with whom I had an exchange, a minimum of complicity. I didn't offer to film those who seemed to me to be going through extremely intense situations, whose words were incoherent, or indeed unintelligible, often transformed by medication. It would have meant filming them without their knowing it. And to their detriment. Filming someone

always means enclosing them, freezing them in time and space. Imprisoning them. You must therefore strive to avoid doing any harm. I wanted them to be in a position to accept the situation "in all conscience". But that notion itself is a little vague. When someone is raving, having hallucinations, or is haunted by voices for example, that is not necessarily visible. Do we always know what is going on in our minds? Even with the best intentions, we never know what the camera might do to people.

The film does not specify the professional status of the carers conducting these interviews.

That's true, but I couldn't imagine myself

putting their names and professions on the screen, like on TV. In that case, why not put the patients' names too? Everyone who appears in the film is named in the credits, but that is not the same. To answer your question, three of them are psychiatrists. A fourth, in training when I was filming, has become one since. The young female carer was doing a medical internship at the centre. Finally, the woman who appears in tandem at two points – first with one psychiatrist and then with another – is a social worker.

Usually, a nurse, male or female, takes part in these interviews alongside the doctors, but we had to give up on that as it was so complicated to get everyone together at the

same time. In addition, other professionals like psychologists do their own interviews but I couldn't increase the number of protagonists as there are already so many. Everyone knows that a film is not exhaustive.

You also film meetings...

Yes, I was especially keen on filming the Tuesday "carer-patient" meetings that allow for all subjects to be tackled freely without a prior agenda. Their slightly anarchistic aspect would break up and jostle the ritual of the interviews and the editing itself. These scenes testify to the daily life of the hospital, of the climate that can reign there, of the desire that the team of carers has to share

time thinking with the patients, but these are only brief moments. From one week to the next, these meetings are very different. The greenhouse, with its plants, its armchairs and its bookshelves, is the lung of the two units.

In this film, you don't adopt exactly the same position as on the *Adamant*. You stand a little further back.

Yes, that's true. In *On the Adamant*, the patients spoke to me a lot whereas here, apart from one interview, they speak to the carers. Even so, I'm not absent. The numerous looks at the camera testify to my presence and even, here and there, to a certain complicity.

Let me return to the idea of speaking and listening. In your films, whatever world they tackle, this dimension is extremely present and you show it in many ways

My own relationship to language is far from simple. My way of speaking has never been very fluid. I occasionally begin to speak and, all of a sudden, the words don't emerge. I don't know if there's a connection, but I have always liked filming speech, which is perhaps in my eyes the most precious thing we have. Yet I have the feeling that it is increasingly devalued. This is not only true in the psychiatric world. In the field of documentary cinema, filming speech is not very "trendy". We are living in a strange world, where we are all "connected", where we have never communicated so much... and spoken so little together.

Filming speech means filming faces,

looks, expressions, gestures, silences, laughs, hesitations, shortcuts, associations, extrapolations, ways of occupying space and opening up new ones. It means bringing to the fore everything that colours or sharpens ideas. It means filming that share of fiction inherent in every tale, since speaking is not only relating the real world, it is also and always a way of reshaping it and reinventing it. Relating something that never happened is what allows it to exist. Speech is the realm of fiction.

After *Every Little Thing* and *On the Adamant*, this film is your third in the world of psychiatric care, and there will shortly be a fourth one. What incites you to return to it?

Psychiatry is a magnifying glass, an enlarging mirror that says a great deal both about the human soul and the state of a society. You meet all kinds of people who have suffered, fragile and sensitive beings who move through life as if walking a high wire. In talking to them, they can force us to face home truths, drive us into a corner, or lead us into lands where we never thought we'd set foot. It took me time to admit it to myself, but if these people touch me so much, it's because they force me to face myself and my own vulnerabilities. ■

PARIS, JANUARY 2024

¹ *The Typewriter and Other Headaches*, French release planned for April 2024.



Crew

This film was made with the complicity of **Linda De Zitter**

Image assisted by **Nicolas Philibert**
and occasionally by **Pauline Pénichout**
Sound **Katell Djian**
Drone shots **Erik Ménard**
Editing **Emmanuel Fraise**
assisted by **Nicolas Philibert**
Closing credits music **Janusz Baranek**
Sarah Murcia and Magic Malik
based on *The Ode to Joy* (Ludwig Van Beethoven)
Sound editing **Lucile Demarquet**
Mix **Emmanuel Croset**
Colour grading **Christophe Bousquet**
Post-production supervisor **Delphine Passant**

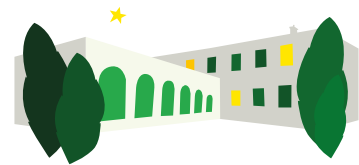
Producers **Miléna Poylo & Gilles Sacuto, Céline Loiseau**
Assisted by **Clément Reffo, Coline Perraudin, Joseph Sacuto**
Produced by **TS Productions**
With the participation of **France Télévisions**

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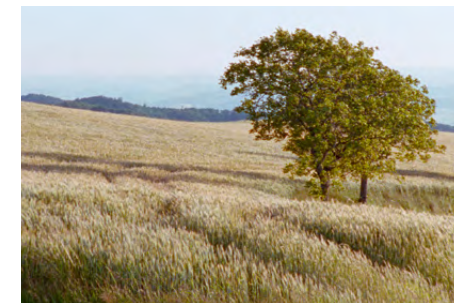
French distribution
& international sales **Les Films du Losange**

With **the patients and carers of the**
Averroès and Rosa Parks intra-hospital units,
Esquirol Hospital, Charenton-le-Pont.

Nicolas Philibert



- **LA MACHINE À ÉCRIRE ET AUTRES SOURCES DE TRACAS** (*THE TYPEWRITER AND OTHER HEADACHES*) (2024, coming soon)
- **AVERROÈS & ROSA PARKS** (*AT AVERROES & ROSA PARKS*) (2024)
- **SUR L'ADAMANT** (*ON THE ADAMANT*) (2023)
- **DE CHAQUE INSTANT** (*EACH AND EVERY MOMENT*) (2018)
- **LA MAISON DE LA RADIO** (2013)
- **NÉNETTE** (2010)
- **RETOUR EN NORMANDIE** (2007)
- **NIGHT FALLS ON THE MENAGERIE** (short film, 2010)
- **RETOUR EN NORMANDIE** (*BACK TO NORMANDY*) (2007)
- **L'INVISIBLE** (*THE INVISIBLE*) (2002)
- **ÊTRE ET AVOIR** (*TO BE AND TO HAVE*) (2002)
- **QUI SAIT ?** (*WHO KNOWS?*) (1999)
- **LA MOINDRE DES CHOSES** (*EVERY LITTLE THING*) (1997)
- **UN ANIMAL, DES ANIMAUX** (*ANIMALS*) (1995)
- **LE PAYS DES SOURDS** (*IN THE LAND OF THE DEAF*) (1993)
- **LA VILLE LOUVRE** (*LOUVRE CITY*) (1990)
- **LE COMEBACK DE BAQUET** (*BAQUET'S COMEBACK*) (short film, 1988)
- **VAS-Y LAPÉBIE !** (*GO FOR IT LAPÉBIE!*) (short film, 1988)
- **TRILOGIE POUR UN HOMME SEUL** (*TRILOGY FOR ONE MAN*) (short film, 1987)
- **CHRISTOPHE** (short film, 1985)
- **PATRONS/TÉLÉVISION** (*BOSSSES/TELEVISION*) (1979)
et **LA VOIX DE SON MAÎTRE** (*HIS MASTER'S VOICE*) (1978) co-directed with Gérard Mordillat





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