

TO HEAL YOURSELF, START HEALING OTHERS

A Conversation between Pedro Reyes and Laurent Schmid

Laurent Schmid: At the first workshop with the volunteers there was a good energy in the air. In Kassel at Documenta it was contagious; it went from the therapists to the visitors. So Pedro, is the Sanatorium an optimistic project?

Pedro Reyes: I believe so. It may be optimistic in the sense that the environment allows for a plethora of insights, which happen in an almost effortless way. Many small miracles happen. It is optimistic in the sense that we are always surprised by the fact that helping each other is easier than what we had thought. So after you test the experience you gain confidence. There is a general assumption that when you help someone you somehow lose energy, but often the opposite happens. There is a spark of excitement that you get from helping others.

LS: You said that it is important to you that the therapies can be conducted by anyone and everyone, and you reference Jacob Levy Moreno's "sociatry." Moreno wrote in *Who Shall Survive?* that "... a truly therapeutic procedure should have as its objective nothing less than the whole of mankind." You also mentioned

the aim to open the Sanatorium to a wider public and to share this project, to let it develop in a broader terrain.

PR: These days therapy is a luxury for a lot of people, and every day there are more people in the world who need it but can't afford it. There is also a stigma attached to it that makes many people think that those who go to therapy must be crazy. Yet today, especially in cities, there is a vast population who could benefit from it: unattended victims of depression, loneliness, neurosis, family violence, suicide, etc. That's why I'm so interested in alternative structures, like Moreno's sociatry, in which human connection is paramount. You won't find it in prescription drugs or hospitals, but it's crucial to generate healthier communal life.

I am also very interested in deprofessionalization, which Iván Illich wrote extensively about in the 1970s in Mexico.¹ In Illich's terms, our obsession with growth and productivity discourages people from satisfying their needs and forces them to consume the treatment and services of specialists who do not care for the poor. In many different fields, like education, social

work, and transportation, he finds a vicious cycle in which new knowledge is applied and progress is measured and then used to exploit society as a whole to the benefit of the professional elite. In opposition to that capitalist model, he defines convivial society as the result of social arrangements that guarantee everyone free and ample access to the tools of the community, limited only to ensure the equal access of others. In other words, individuals relate to society in the way they use its tools.

In the case of Moreno, when he developed psychodrama and the notions of "encounter" and group therapy, he was basically creating a toolbox that reveals the resourcefulness of the group. The beauty of these approaches is that their procedures are equally effective regardless of the credentials of those who use them.

LS: So these ideas have to do with acknowledging that you could not wait for solutions to come from the top in order to achieve greater social justice?

PR: Yes. Paulo Freire articulated this in his *Pedagogy of the Oppressed*, and his ideas had enormous penetration in Latin America from the 1960s into the 70s and 80s. In his own words, the school system "teaches the

need to be taught," when true learning has to be driven by the curiosity and desire of every person.² Likewise, in the sphere of hygiene and mental health, Iván Illich offers an example to illustrate this:

I know a North American girl, a sixteen-year-old that was jailed for treating 130 cases of first-stage syphilis. A technical detail pointed out by an expert earned her pardon: the results she obtained were statistically better than those of public health services. Six weeks after the treatment she performed satisfactory control tests on all of her patients, without exception. This is about knowing whether progress should mean progressive independence or progressive dependence.³

I like this quote because it clarifies that the desire for these alternative approaches is to move towards progressive independence. Today we cannot expect to reach good results out of pure spontaneity nor pure planning. The Sanatorium is not conceived as a substitute for existing therapies and social services, but as a space for encounter, since so many of our everyday pathologies result from this lack of connection.

LS: Illich often mentioned the need to rethink the very idea of learning, rather than the

methods used in its enforcement. What could this mean if we apply it to therapy? Could this also mean that it is necessary for everyone?

PR: Illich introduces the idea of *iatrogenesis*, which means diseases that stem from previous treatments, prescribed by physicians, that have a negative impact on health. These begin, in many cases, at the moment of birth, the main example being excessive reliance on Cesarean deliveries, as well as doctors who encourage mothers to feed their children with formula instead of breast milk.

We're waging a "war on drugs" right now for the reason that drugs are considered a threat to public health. But if you compare the number of deaths each year from legal and illegal drugs, you see that in the United States the number of prescription drug-related deaths rose from 6,000 in 1990 to 27,658 in 2007.⁴ Each year at least 106,000 people die from the drugs they are prescribed and administered,⁵ while illegal drugs result in around 10% as many deaths.⁶ This shows how much we need to readjust our priorities.

There is another concept that is the opposite of *iatrogenesis*: *salutogenesis*, which Dr. Gabriel Stux lectured us about at the

Sanatorium in Kassel. The term describes an approach focusing on factors that support human health and well-being, rather than on factors that cause disease. Aaron Antonovsky developed this theory in rejection of the "traditional medical-model dichotomy separating health and illness." He described the relationship as a continuous variable, what he called the "*health-ease versus dis-ease continuum*."⁷ Antonovsky says that we have to understand health not as the absence of disease, but as the way people maintain their "sense of coherence," by which he means the belief that life is manageable and meaningful. It's how we retain our ability to keep going when facing changes internally and externally. Here the key is to be prepared to make changes in your life.

LS: How can the Sanatorium help prepare you for these changes?

PR: This is an amazing question, because that's why play is so important in the Sanatorium. One of the main aims of the Sanatorium is to be a rehearsal space. In the Museum of Life you can do a kind of draft for your future developments. In the Philosophical Casino you can reflect on a decision that you have to make in the same way

that people in ancient times consulted with oracles. In Goodoo you prepare for reconciliation with another person. This has to do with the idea of “surplus reality” that Moreno talks about. In Moreno’s psychodrama you stage a confrontation that you plan to have, and this helps you foresee all the interactions that can happen in that future conversation. This provides the patient with a new and more extensive experience of reality, a “surplus” reality.

At the Sanatorium Moreno founded along the Hudson River in Beacon, New York, part of it was a psychodrama stage, which I find remarkable. It’s like the equivalent of an operating room in a hospital, with the difference that on the psychodrama stage you can rehearse the changes needed in your life.

I realize that it may be too much to ask for a work of art to have such an impact. But here I see art, and particularly play, as a warm-up phase that prepares us for change. What is most important to achieve is a mental state where we have the confidence to produce changes, but it is very difficult to arrive at this state. That’s why the warm-up of the light-hearted spirit of play is so critical.

LS: So you are talking about discoveries that are the result of

a collective process. It seems that in all these processes the “other” is very important, as if these kinds of breakthroughs were hard to reach on your own. How important is it that the Sanatorium’s activities are done in groups?

PR: Moreno defines encounter as an exchange between two people where each of them sees themselves from the other person’s perspective. This stuff doesn’t happen every day, where people get to really talk to each other and forget about their roles or whatever other ways they define themselves. What we’re looking for at the Sanatorium is for people talk to each other without the client-specialist relationship. Actually, there is an advantage that these encounters happen among strangers, which is that you may never see this guy again. It’s not your family or friend or coworker; these are people you usually just make small talk with, but here it’s the inversion of small talk. You talk about what’s most important and share deeply personal experiences.

There is a famous quote from a poem by Moreno, which is super trippy:

*A meeting of two: eye to eye,
face to face,
And when you are near
I will tear your eyes out*

*And place them instead of mine,
And you will tear my eyes out
And place them instead of yours,
Then I will look at you with
your eyes...
And you will look at me with mine.*⁸

It's interesting that some visitors to the Sanatorium requested to conduct therapies in addition to receiving treatment. On occasion the students have become their coaches and taught them how to conduct the sessions. This is an example of how the protagonist is the process, and how important it is to have a companion with whom you can do a role-reversal and warm up your spontaneity. It's important to have horizontal structures where everyone can take the lead as well as follow.

LS: Were the students always ready to take the lead?

PR: I remember that when we were doing the training in Geneva prior to Documenta, we had a session of questions and answers. I knew the expectation was for me to be the resource for all answers, but what I did instead was to ask the person on my left if he had a question. Then, instead of answering, I deferred the question to the second person on my left. Once that person had come up with an answer, she asked a question that was answered by the person on her left,

and so on until everyone in the group had both asked and answered a question. This is one quick activity that takes less than fifteen minutes and shows the group its own resourcefulness and independence from a leader.

However, it was equally important for me to be available as a resource when questions came up, especially because it's necessary to know where the therapies come from.

LS: Now to reverse roles on you, what have you learned from the volunteers?

PR: Well actually, if I've done each therapy a dozen times, an average volunteer may have done it fifty times by the end of Documenta. So you could say they have more mileage. That is why I felt it was so important for this book to include testimonials on the encounters they had. In every case there were discoveries that I had not foreseen.

LS: All therapists had a shared common background as art students/artists. Did this change the parameters? In what ways?

PR: It was a very privileged situation where people were ready to be surprised with progressive ideas. When one person is more creative, his inquisitive skills

become more sophisticated. So there was a constant inquiry about the meaning of the project.

LS: Have the therapies ever changed from the input of the volunteers?

PR: Sure, there have been suggestions that have been incorporated. For instance, with the Goodoo doll, one therapist from the Sanatorium in New York suggested that the patient should press each of the five points in order to “switch on” their intentions. This is a sort of symbolic acupressure. In the Museum of Hypothetical Lifetimes, Sylvain, one of the therapists in Kassel, pointed out a missing space for friendships between the work axis and the love axis. This is something I’m still trying to fit into the blueprint. At first, in the Compatibility Test for Couples each couple could only choose two fruits; each person only picked one for themselves. But then a therapist suggested that each person pick a fruit for herself and one for her partner. When the partner does the same, you have four fruits total. You can make one juice per person, which is the couple according to A or B, or mix them all together. There are many possible combinations.

LS: Your project is participatory and also questions the hierarchic

structure of common therapies. It was interesting to see the problems this led to. I remember that we discussed with the students/therapists the power relationship they found themselves involved in without actually wanting it. The aesthetic you used, from lab coats to the architecture, relies on a well-known system and instantly transformed visitors to patients. I see a certain contradiction here, and I never really understood to what extent you play with irony here—for me it was intriguing and disturbing not to be sure. At the same time I liked to feel this resistance of the piece.

PR: Role play is fundamental to free oneself from the one-dimensional labels that society assigns to each of us. While white coats are used by doctors, they’re also used in schools when you go to the lab or in other work environments. So the white coats actually have more than one connotation, and there is room to play here. Friedrich Schiller says that someone is only fully a person when she plays, and she has to play in order to fully become a person.

LS: But you are clearly empowering the volunteers with the white lab coat...

PR: In hospitals, doctors who don’t wear a white coat usually

carry a stethoscope when attending patients, whether they need to use it or not. The white lab coat is in itself part of the placebo effect. The placebo effect doesn't only refer to sugar pills but to the entire aura surrounding medical practice, which encompasses the clinical aspect of hospitals, medical jargon, etc. The whole idea of bedside manner is actually something close to what a shaman or medicine man would do: to use the expectation of the patient to activate the healing process. One of the Sanatorium's advisers, neurologist and writer Alice Flaherty, had extensively studied this. She gives as an example that if an overweight doctor asks a patient to lose weight, the patient is less motivated to comply than if that doctor were a healthy weight.

LS: So once a volunteer is "in character," thanks to the lab coat, what specifically happens next?

PR: Every therapy is like a small ritual. Rituals are procedures that help you reconcile your desires and change your mindset. The problem is that you often access rituals in a religious or esoteric context, so you have to subscribe to those systems of beliefs. So what the Sanatorium attempts is to reproduce the same psychodynamics by conducting

rituals without any ethnic specificity, without their aura of authenticity. It's not only about creating an alternative space from the health system; it's also an attempt to create alternative spaces to those provided by magic, religion, etc. Because these places are also industries in which a few gurus concentrate huge followings.

So in that sense it's very important that in the Sanatorium there is not one dogma or fundamental text and that volunteers have the opportunity to develop therapies, which after a phase of trial and research can become part of the inventory of services the Sanatorium provides. I'm interested in the democratization process here. In a way what I'm doing is a sort of reverse engineering of medical environments, borrowing their clinical packaging as a neutral space in which you can benefit from these rituals that are often beyond our reach.

LS: The notion of ritual makes me think of Félix Guattari. He understood ritual as a "machine" that determines the fluctuations of real and virtual forces, producing subjectivity in a process-driven concept not limited by subject-object division and reloading the real with possibilities ("possibles"). This seems to me quite near to your

project. I suppose that Guattari's thinking, as well as the way he got to practice his theories in the context of the experimental La Borde clinic, has influenced you?

PR: Yes, indeed. La Borde is one of the most inspiring anti-psychiatric experiments, since it blurred the division between patients and psychotherapists. The interns took on duties, including in management and administration of the clinic. It is a Marxist-Leninist idea that members of a community must engage in both manual labor and intellectual labor.

But this idea can be traced back to Plato's ideal community. Just as Guattari wanted the asylum to embody a shelter, a place of refuge, and a sanctuary, in Mexico, Vasco de Quiroga also created "hospitals" where the peasants learned trades such as music, sculpture, iron work, etc. But I'm interested in Guattari because, at a time when deconstruction was so hyped, he was also interested in reconstruction. Reconstruction has a specific aim, it's therapeutic in itself. When it's made through ritual, as you said, the subject and the object are integrated. That's why it works.

LS: Often you are doing a recontextualization of existing techniques, which were intended for

a different context than the ones you use here.

PR: Actually, most of the therapies are combinations or mash-ups of existing traditions. What we are going for is spiritual promiscuity, not exclusivity! We are trying to borrow whatever works, anything, from anywhere, getting rid of tunnel vision. The Sanatorium is "dogmatically anti-dogmatic."

LS: Artists are often afraid of being copied and thus to lose control over their work, but you chose to open your project, to think it as a medium of circulation.

PR: You mention circulation, which is indeed appropriate. Moreno proposes that creativity is like a "sleeping beauty" that has to be woken up by the catalyzer, spontaneity. He says spontaneity is something that operates in the present, in the here and now, that propels people to find a good response to a new situation or a new response to an old situation. He describes the relationship as an arch: spontaneity awakens creativity, which then produces "cultural conserves," the name he gives to works of art and inventions — books, music, theories, technology, etc. In turn these cultural conserves inspire more

spontaneity when they are experienced, like when you whistle or hum along with a song. Doing this, a musician may come up with a melody that can become a song or a score. So when this song is played again, it triggers more spontaneity and people dance and sing and may interpret the song, incorporating new elements.⁹

In the Sanatorium, the therapies are crystalized as cultural conserves, but it is in their nature to inspire the spontaneity of those who take part either as therapists or participants. In that way the participant is incorporated into the system as an artist, which is very close to the notion of the “spect-actor” articulated by Augusto Boal, where the spectator becomes an actor.

LS: You have called the Sanatorium a prototype and have mentioned plans to multiply it, to transfer it from the space of art into a wider cultural field. How will this be done?

PR: I feel very fortunate to be working in the field of contemporary art because it’s a cultural environment that welcomes uncommon ideas. However, it would be a sad prognosis to expect these inventions to remain under the umbrella of art institutions. The nature of the project itself asks to be tested in

different environments, to try itself in the wider arena of culture. My plan for the Sanatorium’s future would be to tour around Mexico. It could travel to different cities, but I would prefer to avoid local museums and instead place it in street festivals and traditional fairs that have combined commerce and culture for centuries. The Sanatorium mobile unit would be composed of several geodesic tents and remain in one place for two weeks at a time. In these contexts it is local governments that can sponsor each installment out of the budget they would otherwise dedicate to music, theater, and traveling amusement parks. So the Sanatorium is “marketed” not much differently from a roadside attraction. What I find interesting about this is the creation of new audiences that otherwise would not go to a museum.

In a way, treating the Sanatorium as entertainment is also a tactical device, because in certain social sectors there is a stigma for those who go to therapy: they may be seen as weak or disturbed. It is the pretense of being a Sanatorium that helps people drop their defenses. Also, it is important that as a space of encounter you can visit it in different groups: with friends, classmates, coworkers, family, on a date, etc.

LS: The Sanatorium—like other projects of yours—has notions of utopian thinking. Do you refer directly or indirectly to utopian communities?

PR: In the early 1990s Harald Szeemann came to Mexico. I attended a week-long seminar where he presented some of his groundbreaking exhibitions in detail, such as *Gesamtkunstwerk*, *When Attitudes Become Form*, etc. But what left the biggest impression on me was his exhibition about Monte Verità, which was established in 1900 in Ascona, Switzerland, as a cooperative colony based on the principles of primitive socialism. It later became the Monte Verità Sanatorium. The members detested private property and practiced a strict standard of conduct based on vegetarianism and nudism. They rejected marriage, dress, party politics, and dogmas. One remarkable aspect of Monte Verità is how many artists spent time there, such as Isadora Duncan, Paul Klee, Hugo Ball, Mary Wigman, as well as intellectuals such as Carl Jung and Rudolph Steiner, among many others. So it was not only noteworthy for its utopian ideals but for the imagination it took to come up with it and what it inspired in these people.

LS: Which other utopic projects do you feel connected to?

PR: Charles Fourier has been another important inspiration for me. His invention of the *phalanstery* is one of the most fun things to read, and “fun” is no small adjective; for me, it is a combination of imagination and intelligence. Obviously, Fourier is far out there, and it’s good to read visions that far exceed that which could happen in reality. There are many parts of his vision of the phalanstery and all the activities that happen inside that make a lot of sense, such as the mix of urban and rural environments, as well as the fact that jobs would rotate so people could do different jobs, which were compensated in such a way that everyone could make a decent living. Also, a big part of leisure time at the phalanstery was spent in grandiose parties that were carefully choreographed.

LS: What about contemporary references?

PR: One to mention is the Flux Clinic, which was originally started in the 1960s as a kind of happening in New York. It was then adapted into van, a “mobile clinic” that drove around Seattle in the 1970s, visiting only streets that began with the letters V, T, R, and E. I don’t know why,

there is not much information about it. And of course there are many important places such as Esalen in Big Sur and Patch Adams's Gesundheit Institute.

In the case of Patch Adams, I'm very interested in his sense of humor, yet I don't like how it translates into a visual form. Clowning is very canonical. There is this attachment to red noses and big shoes. It's curious that the same often happen to alternative healing places; they look like hobbit dungeons, which really creep me out. I'm interested in a wide range of esoteric subjects but I dread all the packaging. I can't stand incense, Celtic diagrams, mandalas, etc.

LS: So it seems that in the Sanatorium itself there is a role reversal between reason and magic, between science and art...

PR: I believe that one of the most important parts of life is to pay attention. When we get used to things, we cease to pay attention and things become grey. So how do we bring color back? What is needed is a sense of estrangement, of wonder, of surprise. What art can do is to make the normal look strange, as well as the opposite process, to make the strange normal. Let's look closer at these effects. If you suddenly look at normality with estrangement, you may realize how much of the status quo is arbitrary, even ridiculous. In the reverse operation, art may also be useful to introduce something strange but somehow necessary in life and to welcome this change.

- 1 Iván Illich, *Némesis médica. Obras Reunidas*, eds. Valentina Borremans, Javier Sicilia (Mexico City: Fondo de Cultura Económica, 2006).
- 2 Paolo Freire, *Pedagogy of the Oppressed*, Trans. Myra Bergman Ramos (New York: Continuum, 2006).
- 3 Ivan Illich, *La Convivencialidad* (Mexico City: Editorial Posada, 1978).
- 4 Jeffery Kluger, "The New Drug Crisis: Addiction by prescription," *Time Magazine*, September 2010.
- 5 J. Lazarou, B.H. Pomeranz, P.N. Corey, "Incident of adverse drug reactions in hospitalized patients," *JAMA* 280, no. 20 (1998).
- 6 *Morbidity and Mortality Weekly Report* 56, no. 5 (2007).
- 7 Aaron Antonovsky, *Health, Stress and Coping* (San Francisco: Jossey-Bass Publishers, 1979).
- 8 J.L. Moreno, *The Essential Moreno: Writings on Psychodrama, Group Method and Spontaneity*, ed. Jonathan Fox (New York: Springer, 1987).
- 9 Ibid.