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## *Staging Landscapes, Turning Pages: The scenography of A Fortunate Man*

'To understand a landscape, we have to situate ourselves in it'

John Berger, *Ways of Seeing* (1972)<sup>1</sup>

### **Introduction**

To mark its 50<sup>th</sup> anniversary, I was commissioned by New Perspectives Theatre Company to write and devise a new show inspired by *A Fortunate Man*; the 1967 book by writer, John Berger, and photographer, Jean Mohr. Offering an in-depth study of a country doctor who, after years of caring for people took his own life, the book has been widely hailed as one of the most influential texts ever written on the subject of medicine, treatment and care. Using archive film footage and contemporary reportage, the production is part slideshow, part documentary, part adaptation. Text and images merge on screen to evoke the landscape of the book, and a sense of the time and place that it depicts: The Forest of Dean in the 1960s.

A projection on an old medical screen shows shifting Black and White images taken by Jean Mohr, while onstage two performers read a text colliding Berger's words with those of practising doctors today. Objects are brought onstage to 'colour in' the context and bring Berger's book to life. A performer toasts bread to chime with Berger's description of English Country mornings. A tree branch is bandaged at one point to signify a woodsman who is crushed by a falling tree. Leaves are scattered and pages of books are torn out and by the end the stage is littered with the detritus of the story. Shredded paper to signify the overworked NHS. Golf balls to represent the doctor's hobby - he used to hit golf balls into the Forest of Dean from his garden. The stage is deconstructed like the life of the man who inspired the book.

*A Fortunate Man's* scenography and dramaturgy aim to replicate turning the pages of the book, where images and text are constantly in dialogue. As Berger said: 'A book has to advance on two legs. One being the images. The other being the text'.<sup>2</sup> For this

reason, images and text were carefully considered, to resonate rather than illustrate, make associations and open up meanings rather than fix, restrict, or close down an audience's potential reading of the work. There are three acts to the performance, all written in chalk on the blackboard: 1. Landscapes, 2. Portraits and 3. X-Ray.

Landscapes: A sense of place, setting the scene, 1967, the NHS, then and now.

Portraits: A sense of people, the patients, the doctor then and doctors now.

X-Ray: A sense of what happened next, Dr. Sassall's suicide and its aftermath.

For this article, I retain the three-act structure and analyse images of the production and video footage we used onstage to capture the book's aesthetic. Often images are slowly zooming in or out to reveal more. As John Berger said 'If you don't like the image, go closer'.<sup>3</sup> This article attempts to 'go closer' and explores Berger's concept of understanding landscapes by situating ourselves within them and reflects on the aesthetic, philosophical and ethical concerns we had in seeking to adapt the book. This was the greatest challenge, adapting a book that has very few spoken words (the doctor only says about 365 words and often Berger and Mohr show him at work rather than telling us what he says). As such, we sought to show rather than tell.

The first third of the book features case studies of the doctor meeting patients, the last two thirds shift towards Berger's philosophical meandering around the topic. For this reason, I chose to frame the performance as a lecture about the book that becomes the book, where lecturers (e.g. Hayley and Jamie) become characters (e.g. the doctor and his wife). For this article, I address the research questions: How to stage the pages of a book? How do representations of landscape on stage relate to understandings of place? I suggest that understanding of landscape is mediated by technology to create a virtual palimpsest of the rural and the urban, an axis between the analogue and the digital, a vanishing point between landscapes and portraits.

## **Act One - Landscapes**

It was with this idea of a curtain that we began, the first scenographic decision involved the medical screen, which acts as both surface for projection and signifier of the National Health Service (NHS). A border between private and public and a metaphor for the barriers that some patients put in place when they meet their doctor. This is joined by other objects that signify a medical aesthetic and perhaps even a place where medicine might be taught in order to support its framing as a lecture. A blood pressure machine, a stethoscope, a blackboard and chalk. A doctor's medicine bag. The first image we project onto the medical screen is from the preface for the book, the doctor is walking through the door, half inside, half outside, somewhere between coming and going. After introducing the book and the fact it was described by the British Journal of General Practice as 'still the most important book ever written about General Practice',<sup>4</sup> we ask the audience to close their eyes and take them back to the Forest of Dean in 1967. To understand a landscape, we have to situate ourselves in it. When the audience open their eyes, they see a slow pan of the countryside on the screen. Contrast this with the last image we project and we see the doctor walking up a hill towards a house. Berger and Mohr reversed the image so it looks like the doctor is walking out of the book. Walking towards his fate. Somewhere between living and dying. This image speaks the loudest. As Jean Mohr suggested of their collaboration, '... it became apparent I could say with one picture what he [Berger] could articulate only in pages and pages of words...'.<sup>5</sup>

## **Act Two - Portraits**

*A Fortunate Man*, like the book that inspired it, wrestles with the fact that the doctor of the title took his own life, and in doing so questions how fortunate he really was. This process of painting his portrait involved talking to NHS GPs today and the doctor's family. It also involved choosing key scenes and images from the book that told us more about him – the way he holds a woman's hand as he treats her on the examination table. The way he sits holding a cup of tea in an old lady's house. The way he raises his hand at a parish meeting and everyone else in the village hall is watching him keenly, with respect, with admiration. As we stage this montage of

images, each performer 'dodging and burning' the movement so photographs from the book are brought to life, we hear doctors today using simple phrases about why they choose to practice as GPs: 'The best thing is the people, the place, the job', 'The best thing is that we get to meet people', 'You see people's lives that you help'.

We portray Berger and Mohr and how the book came to be. There is an exchange in the show, taken from an interview with photographer Jean Mohr in *The Telegraph*. He says: 'From the outset, our relationship was perfectly balanced. As a condition of publication, we retained the right to the book's layout... The combination of text, page turn, and picture'.<sup>6</sup> This felt like a dramaturgical instruction to use text, movement and image and direct the audience's attention to the ongoing dialogue between the written word and the visuals, just as a reader has to navigate the book. This was the dramaturgical driver of the process and the fact that the screen was Stage Right and most of the text delivered Stage Left resembled the placement of image and text on the page. This device is most apparent halfway through Act Two: Portraits when the performers describe all of the images in the book by page number. At the same time, a video of the final image is shown panning up from a dry-stone wall towards the sky as the doctor ascends the hill in the last photograph.

### **Act Three - X-Ray**

Act Three becomes more forensic, drawing on Berger's writing about bones and a diagnosis of the Doctor's bipolar disorder which contributed to his decision to take his own life. He had tried self-medicating and also volunteered for EMT, Electro-magnetic Therapy, which he described as '... a tremendous weight lifted from the brain'. EMT defined this act's aesthetic as the video images became more distorted as if due to electrical interference and the soundtrack started to resemble an electric current - a reference back to the electric fence in Act One. *A Fortunate Man* was a hybrid of written script and devised movement and at this point we had moved off-script to give the book a devised coda. In *Devised Theatre*, Alison Oddey writes, 'The devising process needs to be searching, the work constantly sifted, re-examined and

criticised. Group analysis is required, which leads back to self-examination'.<sup>7</sup> The devising process for this project searched, sifted, re-examined and criticised the source text and sought to walk the audience through its pages and take a journey beyond the book. The process was given significance by this forensic search.

As part of this devising process it was decided that everything that was brought onstage should stay onstage. At the beginning of Act Two, a roll of grass is unfurled. At the beginning of Act Three, a roll of lino. The tree branch. The leaves. The pages of the book. The shredded paper. Are all left where they are placed. Props like cups of tea and packs of playing cards are also discarded on the floor and become part of the cartography of the show, a palimpsest of scenes, or pages that have turned. As Mike Pearson says 'Performance is a saturated space' and, by the end of the show, the stage is so full of objects and their histories that there is nowhere for the performers to stand but at microphones downstage, to narrate their own fate.<sup>8</sup> The end of the performance sees our space saturated by remnants, fragments of process.

The visual aesthetic of the images become distorted and warped to mirror the deterioration of the doctor's mental health, and following an hour of monochrome footage, we project a slideshow of colour images of the NHS today, soundtracked by GPs talking about how they balance meeting patients with meeting targets and how Dr Sassall, as a one-man practice, might have struggled within a more fragmented, contemporary NHS. There are gear shifts here between the words of doctors today and Berger's account of Dr Sassall's breakdown. The challenge was to tell his story without losing focus on the book. As such, the lecture format enabled us to snap in and out of demonstrations using direct address and technical cues e.g. 'slide please', 'audio please', to ensure we were never in one world for too long. It enabled us to blur naturalistic modes of acting with detached Brechtian re-enactment. At one point, a performer segues from a crying patient to narrating her own case study.

'Hayley: She shows the doctor a photograph of her former husband and wishes she was young again. Talks of her first love. Talks of being held by

someone who loved her. Talks about how she will never forget it. Talks about how it was heaven. The doctor nods.

Jamie: I know... I know... I know'<sup>9</sup>

The doctor says these words many times, in the book and the performance. He echoes his patients' feelings, to empathise rather than objectivise, inhabiting their pain: 'As if he doesn't just observe their pain, he feels it, he shares it, he absorbs it, he absolves it'.<sup>10</sup> The design for the piece drew attention to the surgical aesthetic, starting with orange tungsten light and shifting towards pale green, an anaesthetic colour, chlorinated, disinfected, the same hue as the medical screen, the surgical trolley, the easel and the lino. It is as if the designer sought to clean the space with light. If there was a colour-palette, it was 1980s NHS, the era of Dr Sassall's suicide. By the end, the audience see a broken man, barefoot in the leaves, surrounded by golf balls, about to pull the trigger in a final, fatal demonstration. The space has taken on the stark, cold, detached colour of the bathroom in which he killed himself. According to his son, he went there '... so the mess could be more easily cleaned up' and it is exactly this mess that the detritus of our set seeks to represent.<sup>11</sup> A bandaged branch becomes a broken man. A medical screen becomes a bathroom wall. The leaves scattered around his head, a pool of blood surrounding his supine body.

## **Conclusion**

Berger wrote that '... every story is a rescue operation',<sup>12</sup> by telling the story of *A Fortunate Man*, the man who was the central protagonist of the narrative, and the men who chose to put him there, we were undertaking our own form of rescue. Perhaps seeking to pay homage to a man who had become marginalized in literary history. Though Berger would go on to win the Booker prize and become renowned as a writer, art critic and philosopher, Dr Sassall, the subject of this seminal book, talked about it with regret rather than fondness. His family suggested he felt he could not live up to his portrayal as an exemplar of care. After his wife died, and he

lost his job, he lost his will to live too. Doctors today say: 'The conversation is the cure'. Berger told us 'that he cured others to cure himself' and perhaps when there was no more conversation to be had, as a doctor, there was no more cure.<sup>13</sup> In the 50<sup>th</sup> year of the book and the 70<sup>th</sup> year of the NHS, it was timely to go on this journey to find him. The registrar of births and the secretary of deaths. He was a fortunate man.

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<sup>1</sup> Berger, J. (1972). *Ways of Seeing*. Penguin Books: London, p. 4.

<sup>2</sup> Berger, J. (2013) *Understanding a Photograph*. Penguin Books: London, p. 167.

<sup>3</sup> Berger, J. (2016) *The Seasons in Quincy: Four Portraits of John Berger* (dir. Tilda Swinton) [online video] <https://vimeo.com/148352867> [Accessed 1 March 2019]

<sup>4</sup> Feder, G. (2005) 'A Fortunate Man: still the most important book about general practice ever written', *British Journal of General Practice*, 55 (512): 246-247.

<sup>5</sup> Mohr, J. (2015) 'Jean Mohr: "The spirit of collaboration is rare between a photographer and a writer"', *The Daily Telegraph*, 13 February 2015 [online article] <https://www.telegraph.co.uk/culture/photography/11406351/Jean-Mohr-The-spirit-of-collaboration-is-rare-between-a-photographer-and-a-writer.html> [Accessed 1 March 2019]

<sup>6</sup> Mohr, J. (2015) 'Jean Mohr: "The spirit of collaboration is rare between a photographer and a writer"', *The Daily Telegraph*, 13 February 2015 [online article] <https://www.telegraph.co.uk/culture/photography/11406351/Jean-Mohr-The-spirit-of-collaboration-is-rare-between-a-photographer-and-a-writer.html> [Accessed 1 March 2019]

<sup>7</sup> Oddey, A. (1994), *Devising Theatre: A Practical and Theoretical Handbook*. Routledge: New York / London, p. 26.

<sup>8</sup> Pearson, M. and Shanks, M. (2001) *Theatre / Archaeology*. Routledge: New York / London, p. 28.

<sup>9</sup> Pinchbeck, Michael (2018), *A Fortunate Man*. [First performed Camden Peoples' Theatre, London: 13 June 2018].

<sup>10</sup> Pinchbeck, Michael (2018), *A Fortunate Man*. [First performed Camden Peoples' Theatre, London: 13 June 2018].

<sup>11</sup> Pinchbeck, Michael (2018), *A Fortunate Man*. [First performed Camden Peoples' Theatre, London: 13 June 2018].

<sup>12</sup> Berger, J. (2016) *The Seasons in Quincy: Four Portraits of John Berger* (dir. Tilda Swinton) [online video] <https://vimeo.com/148352867> [Accessed 1 March 2019]

<sup>13</sup> Berger, J. (1967). *A Fortunate Man*. Penguin: London p. 28.