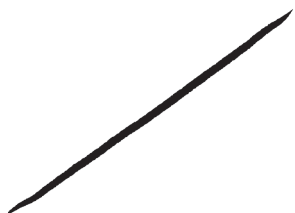


THE POLITICS OF TRANSGRESSION IN ***DE HUMANI CORPORIS FABRICA***

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Abstract: The film *De Humani Corporis Fabrica* has repeatedly been dubbed in the English-speaking film criticism media as a “non-fiction shocker” (Chang, 2023), a sample of “tactile cinema” (Mullen, 2023) with “ample gore on display” (Mintzer, 2022). This paper, firstly, aims to contradict these claims, as the film’s goal is not to elicit an immersive representation of the human body but a reflection on how it is instead objectified, abstracted, and interpreted by means of deconstructing the medical gaze and via a complex interplay between the viewer’s quasi-identification and alienation. To this end, it closely analyses the patterns in the camerawork, the various degrees of remediation of the medical imagery, and the relationships between denotation and connotation, highlighting the prevalence of de-dramatization strategies, which run counter to societal taboos and conventional representations of the hospital in popular culture as a sensationalized site of emergencies. As such, we argue that *De Humani Corporis Fabrica* is an essay film that seeks neither to “shock” viewers nor to mount a narrow institutional critique of the French sanitary system. By delving into the film’s intricate biopolitics, we outline how the various levels of transgression, the emphasis on “malfunction,” and the pervasiveness of technology are framed as symptoms of broader tensions between paternalistic modes of interaction and patient-centred approaches within the Western sanitary system at large. Finally, by interpreting the ending as a counterpoint to the objectifying gaze that the film lures us into adopting throughout, we consequently stress the film’s defiant sense of “anarchy,” as it urges us to reclaim “our” bodies, be them individual or collective.

Keywords: essay film, biopolitics, medical gaze, medical anthropology, “non-human” aesthetics, de-dramatization, *De Humani Corporis Fabrica*.

How to cite: Mihalcea, A. (2023) “The Politics of Transgression in *De Humani Corporis Fabrica*”, *Concept* 2(27), pp. 166-183. DOI: <https://doi.org/10.37130/vxs1zb51>

Introduction

Shortly after its premiere in the *Quinzaine des cinéastes* programme of the 2022 Cannes Film Festival, *De Humani Corporis Fabrica* (directed by anthropologists and filmmakers Lucien Castaing-Taylor and Véréna Paravel) has repeatedly been dubbed in the English-speaking film criticism media as a “non-fiction shocker” (Chang, 2023) with “ample gore on display” (Mintzer, 2022), a sample of “tactile cinema” (Mullen, 2023), or even “haptic cinema” (Muralha, 2023), which “emphasizes the visceral” (Tobias, 2023). Interestingly enough, this presumably sensuous and gory documentary is also supposed to be shot in a manner reminiscent of that of veteran observational filmmaker Frederick Wiseman, according to a host of media outlets, notably The Hollywood Reporter, Slant Magazine, Los Angeles Times and Cineuropa. This paper aims to contradict these claims and show how the film makes use of essayistic strategies and relies on biopolitics in order to critique paternalistic modes of thinking within the Western healthcare system at large.

After having shot for hundreds of hours in five Parisian hospitals and a ten-hour interim cut, Paravel and Castaing-Taylor decided on a collage of materials shot in just two of these hospitals, Beaujon and Bichat-Claude Bernard. *De Humani Corporis Fabrica* consists of alternating footage shot from within and outside the bodies of patients. The footage shot “within the body” – the *endogenous imagery* – consists of recordings of surgical procedures (a brain surgery, an eye surgery, an artery intervention, a prostatectomy, an emergency C-section birth, and a spinal intervention) and standard medical imagery, equivalent for the most part to still images (X-rays, MRIs, ultrasounds and 3D ultrasounds, microscopic slides of tissue samples). Alternately, we watch the unfolding of *exogenous images* of security guards patrolling the underground hallways of hospitals, the medical staff working in the operating rooms (mostly heard offscreen), elderly patients suffering from neurodegenerative diseases in the geriatric and psychiatric ward, the corpse of an elderly man as it is being dressed by morgue attendants, a farewell speech in honour of a departing doctor filmed on a hospital rooftop, and a nighttime party in a *salle de garde*.

Castaing-Taylor and Paravel filmed over roughly five years and collaborated with Patrick Lindenmaier and his company, Andromeda, to create small “lipstick” cameras that allowed them to move around more freely (Frodon, 2022, p. 14) than is the case of conventional cameras, so as to attain an aesthetic close to that of medical lenses. The two also had access to and could control highly specialized equipment, such as scialytic cameras (placed over operating rooms), laparoscopic cameras, as well as sterilized hydrophones and contact microphones (Lim, 2023). I argue that the resulting assemblage of these types of endogenous and exogenous imagery relies on specific shooting and editing strategies that aim to elicit cognitive responses and frameworks on the part of the viewer based on an interplay between quasi-identification and distance.

Camerawork and Spectatorship: The Gaze Anew

First of all, in regard to the patients’ bodies, the only ones we get to see in their entirety are the psychiatric patients and the deceased man shown towards the end of the film. The camera is static for a great deal of the film, as is usually the case with the surgical procedures shot inside the patients’ bodies. This fixed positioning of the cameras while shooting extremely long takes, coupled with our cultural bias of mentally classifying these types of images as “scientific”, as a sub-type of “training films,” make us doubt that there is intentionality at work. Thus, by forgetting that the filming devices are, in fact, operated by humans, we are potentially confronted with the apparent indifference of the

“non-human” recording machines. This minimalist and unflinching gaze of the fragmented human body, which mimics the “medical vision,” allows the viewer to conceptually identify herself not with the subjects on screen, in the sense of entities endowed with personhood, but with their materiality. In a sense, some of the body fragments we see on screen are conceptualized as “our” own body parts, as demonstrated by this subjective account of the film:

It’s likely that internal organs are as particular and unique as human faces; my organs are so intimate and yet so strange to me, though, that, when watching the film, I found it easy to believe I was seeing some universally transposable <human body>—or even my own body—
from within. (Werder, 2023)

Additionally, this propensity towards fragmentation, coupled with the lack of medical expertise among the majority of the audience and, most importantly, with how our spectatorial gaze is being directed by the camerawork and through editing – all work towards decontextualizing the body and thus making the viewer unsure of what it is that she is seeing. For instance, a dissected fragment of a cancerous breast shown, firstly from the inside out, interestingly triggered an association with minced meat in the critical coverage of the film (e.g., *Sight and Sound*, *The Hollywood Reporter*). Equally, when the camera enters a room in the geriatric ward and, as it were, “finds” out of nowhere a paralyzed elderly woman screaming, her scream is compared by several different film critics either as a “bird-like squawking” (Brady, 2023) or as being “barely human” (Latif, 2022). Not in the least, we also take in different medical instruments with uncertainty, as is the case with another reviewer who compares what appears to be an artery-cleansing instrument to “a combination of a micro lawnmower and welding machine” (Chang, 2023). This state of uncertainty and free association is not something left to chance by the filmmakers, as demonstrated by them including, not without humour, a fragment of a conversation between doctors about a “Kalashnikov” mode of a device used to penetrate a penile urethra. These are just a few examples of the cognitive and sensorial juxtapositions we, as viewers, are encouraged to make in a surrealist fashion. As a result, these decontextualizing practices mediate our engagement with the representation of body parts and medical instruments in such a way that one may question one’s own perceptions and assumptions in regard to how well we actually know “our” bodies.

Furthermore, another strategy of modulating the viewer’s perception relies on confronting it with various examples of still medical imagery. In the absence of an interpretation of these images provided by experts, the average viewer is left

to ponder and take in their expressive qualities. This time, decontextualization is achieved by means of denotation, by showing the scientific image by itself. The most evocative scene in the film that speaks to this tension between denotation and connotation is that where the shot is almost entirely filled with slides of cancerous cells as seen under a microscope. In this case, as opposed to the other examples of using still medical images throughout the film, we do hear a didactic type of verbal presentation given by a doctor off-screen. However, this mix of images and voiceover does not really abide by the logic of the classical expository documentary mode. The framing of the shot and the increasing speed at which the slides are shown on screen encourage the viewer not just to correlate the non-figurative microscope images with, for instance, Abstract Expressionism but also, and more importantly, to reflect on her own perception as she is doing so. In other words, in moments such as these, it becomes quite clear that the filmmakers are interested in highlighting how relative our understanding of the body is and, more specifically, how dependent this knowledge is on prior experience. We become aware of how unfamiliar these images of the body are, in fact, for most of us. Decontextualizing the body via abstraction, as is the case with all the still medical imagery included in the film, works not unlike a Rorschach test. While the images of cancerous tissue bear scientific meaning for the oncologists decoding and interpreting this imagery, in the eyes and minds of the average viewer, they are simply abstract visual representations. Confronted with our lack of familiarity and knowledge, we must, therefore, adjust our gaze and see *de novo*.

Nonetheless, the surgical footage displays some remarkable and spectacular qualities. Many a time, its spectacular valences rely on the actions that are being performed by the medical staff; some of them are ridden with suspense (e.g., a baby is delivered prematurely due to complications) or with a mix of suspense and dark humour (e.g., a prostatectomy attempted for the first time by two doctors goes terribly wrong as one of them says he's learned how to perform it by watching "this Indian guy on MasterClass," turning the intervention into a literal bloodbath). But there is also a spectacular quality in what concerns the use of technology, whether we're talking about metallic "analogue" tools or robotic "smart" devices. In both cases, the medical instrument is shown in a way that emphasizes the contrast between it and the organic nature of the human body; the most poignant of these contrasts can be observed during and after a cervical kyphosis correction procedure, which entailed implanting a pedicle screw fixation system inside the spine. This contrast between the organic and the inorganic is further heightened by the paradox of using these instruments to begin with, as it appears that the body needs to be cut, prodded, pulled – in a nutshell, invaded or transgressed – in order to be "repaired." Hence, the video footage of the

surgical interventions is not meant to play a scientific role or a purely epistemic function, for it is not an “objective” recording. It is instead a recontextualized and editorialized type of footage by means of aurally synching the “bodily live-stream,” as it were, with the medical staff’s commentary. Therefore, the viewer may watch the surgery unfold with a quintessentially spectacular question in the back of her mind: will they manage to “repair” the body or not?

On the other hand, when it comes to certain scenes with patients and doctors shot from outside of the body (the exogenous imagery), the reverse seems to apply, as if the filmmakers were trying to purposefully find a “non-cinematic” way of filming by employing bizarre types of shots with respect to how the human body is generally framed in classical film language and unexpected angles from which to observe and follow the patients. This is usually the case, for instance, with how the doctors are shot in the operating rooms, framed at times from their necks down to their knees, even though the camera is fixed. We also see this non-standard style of filming when the camera is in motion, tracking, for example, two elderly women walking together on a hallway; the camera is “handheld,” but it’s not filming the subjects in motion from a “standard” human angle and height, as we are accustomed with in the *vérité* documentary tradition, but from an oddly high angle.

Moreover, we can notice a pattern of making certain areas of the hospital system appear “banal” as opposed to how they are generally represented in fiction films and popular culture, as though the filmmakers were trying to demystify and render them unsensational. For instance, the two elderly women filmed in this “non-cinematic” manner are not just any patients, they are residents of the geriatric-psychiatric ward. Equally, a space that usually has a taboo-like aura, such as the morgue, is depicted here at its most mundane: the orderlies are dressing a deceased man while listening to reggae music on the radio. By the same token, body parts that tend to be highly sexualized in pop culture, such as the breasts or the penis, are seen and shown here simply as “malfunctioning” lumps of flesh.

Hence, if we were to speak strictly in terms of cinematography and mise-en-scène, it would appear that the filmmakers are trying to highlight the dramatic qualities of the endogenous imagery, whereas the exogenous shots, portraying patients “from the outside,” seem to be taken from a “non-human perspective” and to follow de-dramatization principles.

Making Sense of the “Malfunctioning” Body

Let us further examine the implications of these strategies in relation to the film’s larger discourse about the human mind and body in a medical setting.

To decontextualize the human body speaks to a mechanistic view, or an analytical approach, at odds with a person-centred approach; to focus on an organ is different from assessing the person. Up to a point, doctors frequently have to do this as part of their job, and, in a sense, we, as viewers, are also invited at times to operate shifts in terms of gaze and perception. If in everyday life we are used to watching bodies generally in motion and conceptualizing them in a social paradigm as subjects endowed with agency, Castaing-Taylor and Paravel often “tempt” us to purposefully think about the body as an object. In other words, they encourage us to distance ourselves from the representation of the body on screen and to think about it, for instance, as an object of study, by orchestrating conditions that favour a pseudo-scientific gaze. One such example would be the editing logic of a scene whereby the new-born child in the film is closely observed in a tight frame, followed right away by a scene in which a placenta is being dissected and studied. Linking these two scenes makes us apprehend the child not with, let’s say, attachment, but think about it from a biological perspective.

However, the idea of the body as an object, as a “thing,” delves deeper than understanding it as an object of study, for, in a sense, the film is meant to explore this idea at its most striking philosophical potential. Interestingly, for most viewers, it may be easier to integrate the idea of the body as a “malfunctioning system” rather than the idea of the body as an object. As such, the content of the scenes involving medical procedures is somewhat to be expected within our general frame of reference for the hospital world. As previously suggested, the surgical footage highlights that the bodies on screen need to be cleansed, maintained, managed. There is something about them not working “properly.” This is also rather easy for us to accept on a cognitive level. But given the insistence on the inorganic nature of the medical tools that are penetrating the flesh and bones of the patients (e.g., the cleansing of the arteries with a drill-like instrument, the screws inserted in the spine of a patient with extreme kyphosis), we begin to see the body strictly as organic matter, as though stripped of other qualities. The exogenous imagery further emphasizes this chore hypothesis that the film puts forward. All of the patients undergoing surgical procedures are either under general anaesthesia and hence unconscious, or they are at least under partial anaesthesia (e.g., the man undergoing brain surgery). In both cases, their bodies are laying still, extracted, as it were, from their regular flow. There are several degrees of stillness of the body, which we are left to reflect on. For instance, we can think about the boy

with kyphosis as he is waking up from the anaesthesia after his surgery; he is shot from an oddly canted low angle, slightly and barely moving as he is regaining consciousness, connected to a host of devices. Here, this quasi-passive state of the body might lead viewers to reflect on the vulnerability the patients generally experience during most, if not all, surgical procedures and on their dependence on the medical staff or on life-support devices. A more extreme example in which the body is still is, undoubtedly, best illustrated by the morgue sequence. Since we are not completely sure that we are in the morgue until the very end of the sequence, when we get a glimpse of the many more other corpses in line to be dressed, we question this man's stillness as he is being dressed: is he dead or is he in a coma? Furthermore, the women's gestures as they are dressing the man's body might come across as ambivalent, a mixture of care and detached routine. At any rate, the sequence literally conveys the idea of the body as an object, as we are encouraged to aurally and visually inspect this motionless body in order to detect signs of life.

But the evocation of death brought about by this lifeless, inert body is only one of the ways in which the film urges us to see and contemplate the literal limits not just of the body but of the human condition altogether. In the geriatric ward scenes, we observe elderly patients suffering from what appear to be neurodegenerative diseases. Three women are walking across a hallway. One of them is telling the others to hurry up, but they can only advance ever so slowly, an oxymoron emphasized by the camera that is tracking their motion up close, handheld, filming them frontally, sometimes from odd high angles. Their chatter is disturbingly repetitive, syncopated and, more importantly, it makes no discernible sense. At some point, they cross paths with a middle-aged man locked inside a room who is looking out towards the hallway and gesturing by a porthole-like window. The first time we see the man, the camera walks on by "indifferently," as though the women's slow march was the motion vector of the scene. It is at this point, however, that the camera does "wander off" in one of the rooms and reveals to us another patient, an immobilized woman sitting in a chair, in a catatonic state, screaming in a manner that has been described by film critics as "barely human" (Latif, 2022). The camera stops at the sight of this chilling image, as if it, too, freezes. In a subsequent scene, the locked-in man is released by another geriatric patient. He is compulsively and incoherently repeating fragments of sentences and protesting against him being locked up again, as he is gently being handled by two male orderlies. One of the few coherent things he does say to the medical staff is "I want to work like you," not "I want to be healthy" or "free," but "I want to work," that is, to be "useful," which goes to show just how deeply ingrained our contemporary obsession with work and productivity is if we end up

craving to work even under such horrendous conditions. Naturally, this is merely speculation, more so on how his assertion could potentially be understood by viewers, since it is impossible to grasp what the man truly meant by it.

The way these patients behave as the camera observes them, in a repetitive and incoherent manner, and the fact that we see them trapped to various degrees (first of all, by their own condition) seem to enforce the idea of “malfunction,” which, thus, extends to mental health. Hence, it would appear that the film’s discourse runs counter to an analytical or dualistic approach, adopting instead a more holistic perspective based on a mind and body unity. On the one hand, if we were to agree with this framing of neurodegenerative conditions as “malfunctions” of the mind or as “anomalies,” then the lack of agency and autonomy a patient may experience in a hospital setting becomes clearer. This is not to say that the film harbours an ableist undertone in any way or that it is casting judgment over the patients it observes. It does, however, speak to how the idea of “malfunction” (dysfunction) fundamentally informs contemporary Western medicine and culture.

The Politics of Transgression

Going deeper into the analysis of the film, we could ask ourselves whether these strategies of questioning and shifting our gaze and perception in relation to the hospital world bear any political relevance.

In the film’s opening sequence, we hear a conversation between doctors about how the French sanitary system is understaffed, thus leading them to work overtime. While the commentary is, of course, an overtly political critique, the film altogether does not attempt to offer a narrow institutional perspective of the French sanitary system, let alone follow-up on this incidental commentary and deliver along its lines, as some film critics have erroneously pointed out, by claiming, for instance, that “the film’s opening sequence lays out the political framework for the project at large” (Jenkins, 2023). Nevertheless, this is not to say that Castaing-Taylor and Paravel do not have a political project in mind. In fact, from a political perspective, their proposal is, in my opinion, much more radical than that.

Instead of depicting a temporary crisis of the French sanitary system, I would say that they call into question certain fundamental assumptions, principles, structures, and limits of contemporary evidence-based medicine at large. As such, by focusing on norms rather than exceptions, it is not completely unreasonable to draw a parallel to the institutional critique documentary filmmaker Frederick Wiseman has been engaging in from the late 1960s up to the

present day. However, Castaing-Taylor and Paravel's methods bear no resemblance to Wiseman's approach to direct cinema, whereby he reveals institutions through the prism of everyday life. The two filmmakers/anthropologists don't rely on an accumulation of mundane interactions shot from a so-called witness perspective but on depicting instead the interaction between the medical staff and patients and on how this interaction is perceived as an embodied experience. Moreover, their approach has very little in common with an observational mode of documentary filmmaking but more so with a reflexive mode of representation, in the vein of the film-essay tradition. Additionally, by addressing the topic of the patient's body as an object, the film taps into much broader debates about power dynamics within medical anthropology.

On the one hand, conceptualizing the body as an object by means of fragmentation, decontextualization, and, ultimately, abstraction gives us, in a sense, access to both a 'direct' and a technologically-mediated medical gaze, which can be correlated with a dominant trend within modern medicine starting with the second half of the nineteenth century, based on the *experimental observation* of the "patient":

During the second half of the nineteenth century, new technologies (the microscope, germ cultures) favour the development of laboratory microbiology (Tubiana, 1995; Sournia, 1997; Chastel, 2004; Jewson, 2009), chief among which are Pasteur's discoveries. These scientific discoveries and their integration into clinical practice or "observational medicine" amount to a true "cultural revolution" (Tubiana, 1995: 192-3). The sick then change their status: "The sick become patients and medicine, determined to be a science, is no longer empirical but experimental instead". (Pierron, 2007: 53). During this modernisation process of medicine which extends to the twentieth century, the sufferer's body is gradually objectified. The body becomes a platform for the diagnostic, regardless of the particularity of the subject (Pierron, 2007). Thus, the term «patient» [Fr. patient] gradually replaces the term "sick" [Fr. malade]. (Bureau-Point et. al, 2014)

As I have already suggested, while watching or even "examining" the video surgical footage shot during the surgeries and the still imagery in the film, we are confronted with our lack of medical expertise in interpreting these images in a scientific way. Simultaneously, this means that we become aware of the authority of the trained professional:

This term [*patient*], derived from the Latin *patiens* (who bears, who endures) and *patior* (to suffer, to endure, to bear) and from the English *patient* references the idea of a “person who is undergoing a medical treatment” and, more specifically, that of a dependence with regard to the biomedical institution and the doctor. The expertise and medical authority are recognized and legitimized by the social body as the only ones fit to cure. (Bureau-Point, et. al. 2014)

In their essay “Les patients contemporains face à la démocratie sanitaire,” anthropologists Bureau-Point and Hermann-Mesfen argue that after World War II, Western evidence-based healthcare has been founded on a paternalistic mode of interaction between health providers and patients:

In this context dominated by palliative medicine, characterized by an ever-increasing presence of technology, the patient is considered incapable of self-governance and is placed under the responsibility of the doctor. The specific role of the «patient» is built around notions of unaccountability, acceptance, cooperation and submission (Klein, 2012), what Talcott Parsons has termed the «profane patient» (1955: 237). The absolute power of the doctor goes hand in hand with the blind trust patients place in them, a mode of interaction commonly called the paternalistic model. (Bureau-Point, et. al. 2014)

Bureau-Point and Hermann-Mesfen frame various later key developments in medical thinking from the second half of the 20th century onwards as ideological shifts towards a participatory patient-centred approach, which inform the contemporary “sanitary democracy” of the 21st century. The patient’s role has undergone many changes over time, and this relationship has, at least in theory, moved away from the paternalistic model towards a more egalitarian partnership as Western societies have integrated ever more neoliberal democratic values:

Autonomy and self-determination, the responsibility of the individual, her capacity of exerting an influence over matters that concern her, of identifying and satisfying her needs, of managing her problems and asserting control over her life are emblematic values of contemporary individualism (Gagnon et al., 2014). Sharing knowledge and power, equality, respect, benevolence and deeming the subjectivity of the individual as important have been placed at the heart of the medical practice. (Bureau-Point, et. al 2014)

After the 2000s, these values justified major institutional changes, particularly in countries such as the US, Canada and Switzerland, and less so in countries from the Global South (Bureau-Point, et. al 2014). The authors examine these structural developments and question whether the patient is truly at the centre of the sanitary system or if she is merely thought of as such. Thus, they highlight a number of limits and contradictions within these actual systems, notably that while the research activities the hospital staff have to engage in consolidate the idea of medical progress, the time and energy required risk undermining a holistic consideration of the patient, that the focus on pathology at times supersedes practices of care, that self-empowerment sanitary policies run the risk of benefiting only the most educated and informed patients (hence perpetuating prior inequalities and leading to an increase in bureaucracy) but, most importantly, that, in practice, this model can lead to a “disengagement of the State,” while simultaneously masking the prolongation of paternalistic relations between doctors and patients. As anthropologist Vintilă Mihăilescu puts it:

Paradoxically, the increase in the sick’s power to choose is gained at the expense of the doctor’s agency: I treat you in a personalized manner but, in fact, you remain an impersonal disease, a code in a European or international register that the hospital, the ministry, the health system and the international conventions compel me to adhere to. (Mihăilescu, 2019, p. 114)

While the film itself does not explicitly address any of these debates within the field of medical anthropology, the fact remains that this tension of utmost importance between the paternalistic model and the patient-centred approach basically stems from the power dynamic between the sick and the medical staff. And while the film does not pass any judgments, it does, however, offer us enough cues to reflect on the concept of authority and on matters of dependence.

To start with, we observe the patients in situations in which, for one reason or the other, they are either lacking agency or even basic awareness, or are experiencing extreme distress and even death: the unconscious patients undergoing surgery, the disoriented patients in the psychiatric ward, the woman undergoing an emergency C-section as a result of complications, the elderly deceased man in the morgue.

Secondly, there are times when the doctors’ expertise, on which their authority relies on, is called into question. We understand that they are not flawless; for instance, during a robotic Retzius-sparing radical prostatectomy, attempted for the first time, one of the doctors says that he doesn’t know what

he is doing. He actually says “I’m a bit lost. We zoomed in too much. It’s getting a bit abstract.” Because just like the patients are indeed highly dependent on the medical staff, the doctors, in turn, are also very much dependent on technology. The film does not depict, for example, conversations between doctors and patients (as is the case, for example, with Wiseman’s films about the sanitary system); it instead shows doctors as hermeneuts of medical imagery or of bodily details, and many a time this rapport between doctors and patients is an indirect one, as the former are interacting with the bodies of the latter via medical instruments. Technology, thus, plays the role of a double-edged sword, particularly when the doctors analytically focus on the organ, the disease, and not holistically on the patient. In this sense, despite its benefits, technology can also play a significant role in increasing the gap between the “passive” patient and the already ‘distant’ doctor. As Mihăilescu puts it:

Ever since it appeared, it [medical technology] has been an exosomatic extension of the doctor’s eyes, ears and hands. These “extensions” can now reach places unimaginable by the classical doctor. This “outsourcing” is, thus, wonderful. However, the ingenuity with which many doctors proclaim their power right as they are losing it in favour of technology is hilarious, for they have “outsourced” it to the Machine and they have become its mere servants: a delegated power. But what is risky is if the doctor, so to speak, equally outsources his thinking, thus leaving the Machine to also think in their place. (Mihăilescu, 2019, p. 99)

Hence, by revealing the vulnerabilities underlying the complex relationship between patients, doctors, and technology, the filmmakers are trying to unveil “the cloak of invisibility” (Frodon, 2022, p. 14) surrounding hospital life. Unsurprisingly, this aura has long been connected to the “mystique of the medical profession and expertise” (Bureau-Point, et. al 2014) that has fuelled over time asymmetrical structural power dynamics in modern medicine.

On the other hand, to show and to think about the body as an object or as organic matter is, by itself, a radical act of transgression. This idea of our bodily limits, inasmuch as the idea of losing one’s mental faculties, works together towards testing our levels of comfort all throughout the experience of engaging with the film. In everyday life, we are used to think about our “selves” in a culturally-mediated way, as active agents determined by various macro conditions or even as narrative selves. At any rate, in the least, it is usually more comforting to try and assign some type of meaning during instances of self-referential thinking. The film’s anarchist and destabilizing potential lies precisely in its attempt to

undermine all the intellectual “coping mechanisms” we have set in place as ways of protecting ourselves from being reminded of our mortality and from the subsequent unsettling fear of death. As Vintilă Mihăilescu (an anthropologist forced by personal circumstances to observe the sanitary system from the added role of a patient) puts it:

(...) the Hospital is a space in which you get to meet your body, in a rather radical manner. I wouldn't call it your «true» body or your «real» body but simply your un-masked body. And one is surprised, one is confused, one is outraged. This pain in my chest is nothing more than a pain in my chest, a pain which exists because it is the way it is. It has no additional meaning, it doesn't mean anything other than it being a sensation of pain, it's offensively trivial; it has no special «story» – so you rush to find one to account for it. But the pain carries on, with a placidness that insults your entire human dignity. This situation gives rise to a state of perplexity that has often struck me late at night: *who is, in fact, the subject of suffering?* (Mihăilescu, 2019, pp. 230-231)

The film rigorously exploits the tension between identification and alienation, which modulates the viewer's experience. As a basis for her engagement, the viewer is asked to intellectually recognize herself on screen and, thus, become quasi-subjectively invested. However, to see “her” body as an object from a privileged epistemic vantage point favours a paradoxical situation where the viewer has access to the medical perspective but, in most cases, does not have the necessary expertise to fully grasp the meaning of what is being displayed. Hence, the film is showing us something that we know but are trying to avoid, and at the same time, it's showing us what we think we know but from a perspective that proves to us the limits of our “knowledge.” As filmmaker Castaing-Taylor puts it:

I think we were interested in lots of different things, but mainly in the perversity of our relationship to our bodies, which is [that] our body is the object that we are most intimate with, that we know the best, but simultaneously it's the object that we're most alienated from. And we felt that this coupling, this conjugation between intimacy and alienation we hadn't really seen expressed. (Lazzarini, 2022)

Finally, we should also briefly analyse the film's ending. After a short sequence depicting a humorous farewell speech in honour of one of their colleagues, the film cuts to a party of the medical staff in a darkened *salle de*

garde. The staff is off-duty; everyone appears to be dancing, smoking, drinking, and singing along to *Blue Monday* by New Order. We see glimpses of their blurry silhouettes at the beginning of the sequence, lit in *contre-jour*, as they are filmed out of focus and in slow-motion. They remain in the *hors-champ* as we go on to hear their disembodied voices and, thus, more so, imagine them having fun while the camera turns its attention and glides over an orgiastic *memento mori* mural. Thus, the walls are filled with skeletons, genitalia, and satirical sexual illustrations, drawings which the camera subversively observes with hilarious seriousness as if they were some kind of relic. The last audiovisual tableau of the film juxtaposes *Blue Monday* and disco lights with another painting on the walls, a blasphemous pastiche of the Last Supper.

If in everyday life we have to “deny,” ignore, or dissociate from the idea of our own mortality in order to attempt to lead meaningful or at least ‘functional’ lives and, thus, to see ourselves as subjects, when we become patients, this status becomes extremely relative in the eyes of the doctors who, according to Castaing-Taylor:

[...] need to put distance between themselves and their patients. They need to objectify and instrumentalize them to some degree, superficially at least, in order to be able to perform all these perverse transgressions on their bodies, even if it's in view of repairing them, healing them. But obviously that is an extraordinarily perverse and powerful and overwhelming position to be in, and their transgressions also exact a toll on themselves. (Rapold, 2022)

By contrast, this “Dionysian ending” (Rapold, 2022) allows the doctors “everything they repress, in order to carry on with their day jobs, to surge to the fore” (Rapold, 2022), so that it can “then be sublimated again, and then carry on.” As such, the film invites us to reflect not just on the distance associated with the medical gaze and its objectifying effects, but it also invites us to see the medical staff as individuals in the flow of life. In this brief moment, by juxtaposing sex, humour and liveliness, the doctors are temporarily reclaiming the territory of their own bodies, and the viewer is, thus, left with this defiant sense of joyous anarchy of life over death and of agency over passiveness and structure. Hence, by ending the film in this manner, we move away from the objectifying medical gaze we were attuned to until then and we are indirectly encouraged to consider if instead of *having* bodies, we *are*, in fact, bodies.

Conclusions

To sum up, I have first looked at the different types of footage employed in the film, and I have compared the treatment of the *endogenous* imagery to that of the *exogenous* imagery. Then, taking as a starting point the static camera used for shooting the long takes during medical procedures, I have correlated its corresponding apparent indifference of the ‘non-human’ recording machines with an unflinching medical vision.

This particular type of gaze lets us understand that the bodies on screen bear structural similarities to our own and, thus, allows us, as viewers, to be simultaneously invested via a quasi-subjective mode of identification and more so, to experience the distance required of the doctors to “repair” the “malfunctioning” bodies.

I have further underscored that by depicting the biological body as fragmented, and by means of the overall open structure, the viewer becomes uncertain of the meaning behind the surgical video footage. In what concerns the usage of the still medical imagery, I have argued that it is edited so as to follow a policy of denotation, leaving the viewer to focus on its’ expressive qualities, as she is confronted with the lack of knowledge about her “own” body and has to adjust her gaze so as to see *de novo*.

What is more, I have highlighted a dramatic quality connected, on the one hand, with the juxtaposition between the “bodily live-stream” during surgeries and the disembodied commentaries of the medical staff and, on the other hand, with the juxtaposition between the human flesh and the inorganic medical instruments.

By contrast, I have claimed that when the patients’ bodies are shot from the outside, they are depicted in a purposefully “non-cinematic” manner. This goes hand in hand with the fact that certain areas of the hospital, such as the psychiatric ward and the morgue, are rendered unsensational, particularly by comparison to fiction films and popular culture, and that sexual organs are desexualized and presented instead merely as ‘malfunctioning’ lumps of flesh.

In the second part of my analysis, I have called into question what the broader implications of these strategies are. I have suggested that decontextualizing the body is indicative of an analytical clinical approach towards the patient, and that it highlights the distance the medical staff has to adopt in order to do their job. This distancing is also relevant in what concerns the viewer’s engagement, who, thus, thinks of the body as a “malfunctioning,” vulnerable, dependent, and still object. Similarly, I have stated that the apparent lack of meaning in the behaviour of the elderly residents of the psychiatric ward is yet another example of a limit, of a “malfunction,” and I have tried to emphasize how this notion is a cultural by-product of the larger framework of contemporary Western medical thinking.

More specifically, I have inquired whether the strategies of questioning and shifting our gaze and, with it, our understanding of the hospital milieu bear any political relevance. Contrary to the film critics' opinions who see in the film a post-Wiseman institutional critique of the French sanitary system, I have argued that Castaing-Taylor and Paravel have a much more radical political project in mind, indirectly tapping into broader debates over the promises, limits, and contradictions of how the patient-centred approach informing our current sanitary democracy is being implemented. What is political about their film is that their methodologies probe into basic power dynamics between doctors and patients. Thus, I have correlated the idea of objectifying the patient with the ever-increasing pervasiveness of medical technology and how it can work as a double-edged sword when paired with a paternalistic mode of interaction between doctors and patients. Furthermore, I have stressed that some of the efforts the film makes are aimed at demystifying the medical profession altogether.

In the end, I have claimed that thinking about the body as an object is radical from a philosophical perspective as well, since it is a mechanism for reminding us about our own mortality. In contrast to the distance the film strives to foster and to interrogate throughout, the Dionysian ending of the film is marked by a defiant sense of anarchy that gives the viewer hope of reclaiming her body and, with it, her agency.

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