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ETAT PRESENT

FRENCH STUDIES AND THE MEDICAL HUMANITIES

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Introduction

Medicine has always played a prominent role in French culture. From Rabelais to Molière, Balzac, Flaubert, Proust, and Malraux to David B., encounters with the medical profession are omnipresent in French literary texts across genres and centuries. Given that the Paris School of Medicine was long considered the centre of the medical world,[1] the porosity of the medico-literary is perhaps least surprising in the eighteenth and nineteenth centuries, when the work of pioneering physicians such as Marie-François-Xavier Bichat and René Laennec and chemist and microbiologist Louis Pasteur laid some of the foundations for modern medicine. While the blurring of C. P. Snow's 'two cultures' is already apparent in these antecedents, what has come to be known as the interdisciplinary field of the medical humanities has its origins in the mid-twentieth century. Early usage of the term is associated with the historian of science George Sarton who, as far back as 1924, advocated for what he called a 'humanization of science';[2] he thereby built on an idea already voiced by the Canadian physician William Osler, who had referred to the humanities as the 'hormones' of the medical profession earlier in the century.[3] That the denomination of this field, which has come to play a significant role in French studies in the last ten years and which is the focus of this *état présent*, was conceived in the medico-scientific realm is important. This is because its original goal to make medicine — through the humanities — more humane has long dominated the field. The stronghold of this idea needs to be understood in the

The authors are grateful to Larry Duffy and Brian Hurwitz for their helpful comments on an early draft of this *état présent*.

[1] See Erwin H. Ackerknecht, *Medicine at the Paris Hospital, 1794–1848* (Baltimore, MD: Johns Hopkins Press, 1967), which has a separate short chapter on 'Literature and Medicine' during the period (pp. 197–99).

[2] See Brian Hurwitz, 'Medical Humanities: Origins, Orientations and Contributions', *Revista Anglo Saxonica*, 10 (2015), 11–32.

[3] William Osler, 'The Old Humanities and the New Science: The Presidential Address Delivered Before the Classical Association at Oxford, May 1919', *BMJ*, 5 (1919), 1–7; cited in Hurwitz, 'Medical Humanities', p. 15.

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context of the rise of bioethics after the Second World War with the Nuremberg Code and the Declaration of Geneva seeking to protect patients' rights and restrict the power of medical professionals.[4] Later in the century, the field's marked focus on patient narratives can also be interpreted as a response to the growing influence of evidence-based medicine.[5] Equally important is the linguistic and cultural point of origin of the field that French studies has been mediating, as what has come to be known as first-wave medical humanities was first and foremost a pedagogical endeavour conceived in the English-speaking world. This *état présent* charts the development of medical humanities in French-language cultural and critical contexts, both within France and the discipline of French studies, assessing its particular contours, complexities, and points of inflection against the landscape of the field more globally.

Medical humanities courses — initially centred around the history of medicine, with the term now including different humanities as well as social science disciplines and the arts that engage with questions of health, illness, and medicine — have been offered in US medical schools since the 1970s, a time which also saw the establishment of the first research Institute of Medical Humanities at the University of Texas Medical Branch at Galveston. The UK followed in the late 1990s and many Wellcome-funded research institutions which have opened since, such as the Durham Institute of Medical Humanities, currently offer postgraduate degrees in medical humanities.[6] During the 1990s, a notable subdiscipline, 'Narrative Medicine', emerged through the work of physician and literary scholar Rita Charon at Columbia University, and in her practice of the 'parallel chart', a tool to integrate patients' stories into medical practice, literary methodologies such as close reading and creative writing play a significant role.[7] Charon's work was translated into French in 2015.[8] It may be that the proximity it bears to Paul

[4] The connection between the medical humanities and bioethics is also apparent in its publication history with two major medical humanities journals 'entwined with medical ethics' — the US *Journal of Medical Humanities* was initially called *The Journal of Medical Humanities and Bioethics* (1980) and the UK journal *Medical Humanities* derived from the *Journal of Medical Ethics* (Hurwitz, 'Medical Humanities', p. 20). The US journal *Literature and Medicine*, founded in 1982, already manifested the prominent place literary studies have held in the field.

[5] See *Narrative Based Medicine: Dialogue and Discourse in Clinical Practice*, ed. by Trisha Greenhalgh and Brian Hurwitz (London: BMJ Books, 1998).

[6] See Brian Hurwitz, 'Medical Humanities: Lineage, Excursionary Sketch and Rationale', *Journal of Medical Ethics*, 39 (2013), 672–74.

[7] Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006); Daniel Eison, 'The Parallel Chart as Medico-Literary Practice', in *Literature and Medicine*, ed. by Anna M. Elsner and Monika Pietrzak-Franger (Cambridge: Cambridge University Press, 2024), pp. 221–37.

[8] Rita Charon, *Médecine narrative: rendre hommage aux histoires de maladies*, trans. by Anne Fourreau (Condé-sur-Noireau: Sipayat, 2015). An edited volume on narrative medicine approaches, which includes contributions by numerous physicians, appeared the following year: *La Médecine narrative: une révolution pédagogique?*, ed. by François Goupy and Claire Le Jeunne, Preface by Rita Charon (Paris: Med-line, 2016). However, the issue of whether and how Charon's narrative approach could be integrated into the French medical curriculum was already raised earlier: François Goupy, Gaëlle Abgrall-Barbry, and Claire Le Jeunne, 'Enseigner la médecine narrative', *Pratiques*, 55 (2011), 74–75. It is also worth noting that the Université Paris Descartes started offering an optional module in narrative medicine to medical students in 2009 (Goupy, Abgrall-Barbry, and Le Jeunne, 'Enseigner la médecine narrative', p. 74).

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Ricœur's narrative ethics accounts for its particular success in France.[9] Yet support for Charon's vision of how medical education could be revolutionized via narratives was evident prior to the French translation of *Narrative Medicine* and came from within the French medical establishment. In an editorial published in 2011, François Goupy, Gaëlle Abgrall-Barbry, and Claire Le Jeunne — all physicians based at major Paris hospitals — observe: 'la forte attente des étudiants pour des enseignements médicalisés de culture générale, confirment la tendance observée en Amérique du Nord de proposer des modules de *medical humanities*, qui prolongent les enseignements de *literature and medicine*'.[10] This statement also exposes an understanding of a particular medicine and humanities genealogy, according to which the field of literature and medicine is considered the true starting point of the medical humanities. Given that literary scholars, such as Anne Hudson Jones, were at the forefront of setting up medical humanities research and teaching institutions in the US and that the first comprehensive review of 'Literature and Medicine' as a field chronologically coincided with the development of the medical humanities, literature has indeed always been intimately connected to the medical humanities.[11]

The upsurge of scholarly and pedagogical interest in French-speaking countries in both the medical humanities as well as narrative medicine in recent years is, however, not simply a response to Anglo-American developments. Literary scholar and psychiatrist Jean Starobinski voiced his support for the field at a landmark conference organized at the library of the Centre Georges Pompidou in March 2000, which brought together literary scholars, historians, and healthcare professionals. 'J'entends parler de programmes "d'humanités médicales" aux États-Unis et en Espagne, à Lausanne et à Genève', he stated, expressing his hope that the 'humanités médicales' would bring 'une réflexion élargie' to considerations of medicine's import.[12] The conference was tellingly entitled 'Littérature et médecine ou les pouvoirs du récit' and included a round-table discussion on the meaning and remit of the medical humanities. The philosopher Christiane Vollaire noted there that the term should aspire to be more than 'une sorte de vernis littéraire' for medical students and could be connected to what at the beginning of the nineteenth century was understood by the French expression 'faire ses humanités', meaning 'accéder à ce savoir de l'honnête homme qui permet de manifester une

[9] See Marianne Dion-Labrie and Hubert Doucet, 'Médecine narrative et éthique narrative en Amérique du Nord: perspective historique et critique. À la recherche d'une médecine humaniste', *Éthique et santé*, 8 (2011), 63–68.

[10] Goupy, Abgrall-Barbry, and Le Jeunne, 'Enseigner la médecine narrative', p. 74.

[11] George Sebastian Rousseau, 'Literature and Medicine: The State of the Field', *Isis*, 72 (1981), 406–24. See Anna M. Elsner and Monika Pietrzak-Franger, 'Pathways, Crossroads, and Side Streets: An Introduction', in *Literature and Medicine*, ed. by Elsner and Pietrzak-Franger, pp. 1–17. Scholarship in French studies specifically has also done much to highlight the breadth and depth of the historical connection between literature and medicine: see *Littérature et médecine: approches et perspectives (XVIe–XIXe siècles)*, ed. by Andrea Carlino and Alexandre Wenger (Geneva: Droz, 2007).

[12] Jean Starobinski, 'Plaidoyer pour les humanités médicales', in *Littérature et médecine ou les pouvoirs du récit*, ed. by Gérard Danou (Paris: BPI/Centre Pompidou, 2000), pp. 7–8 (p. 8).

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aisance intellectuelle dans les domaines les plus variés possibles', an intellectual opening which, as she urged, could not be reduced to the teaching of medical ethics.[13] The integration and development of humanities-based courses in the medical curriculum in France in the last thirty years have, in fact, been driven notably by discourses which emerged from within French philosophy and the history of science. These had little to do with principle-based ethics but were centred around Georges Canguilhem's and Michel Foucault's critical engagement with the guiding concepts defining medicine as a system. Canguilhem had already questioned the definition of health cultivated by the practice of medicine in 1943 and called for a rethinking of the medical education system in the 1950s.[14] Political discussions on the need to 'humanize' medicine were also taking place in France at the time: Henri Thoillier, for example, used the expression 'humaniser l'hôpital' in 1943, and in December 1958 the French Ministère de la Santé issued a directive 'relative à l'humanisation des hôpitaux'.[15] The publication of Foucault's *Naissance de la clinique* and the elaboration of what he called 'le regard médical', exposing the power relationship between doctor and patient, marked an additional major reference point in the elaboration of the medical humanities, in France and beyond.[16]

Unlike in other countries, where medical humanities courses in the medical curriculum are often offered on a voluntary basis, a course introducing medical students to the humanities and social sciences of health has been mandatory in the first year of medical school in France since the early 1990s.[17] Despite France's distinguished research base in both medicine and philosophies of the body, its potential to adopt a pioneering role in the conceptual development of the medical humanities was curtailed when the 'time and content allocated to the human

[13] 'Pour un enseignement des humanités médicales', round-table discussion with Gérard Danou, Lorand Gaspar, Corinne Pieters, Jean Rey, Alain Sobel, and Christine Vollaire, moderated by Gérard Danou, in *Littérature et médecine ou les pouvoirs du récit*, pp. 269–94 (p. 281).

[14] Georges Canguilhem, *Études d'histoire et de philosophie des sciences* (Paris: Vrin, 1968), p. 390.

[15] Anne Nardin, '"Humanisation" de l'hôpital', *La Revue du praticien*, 60 (2010), 584–85 (p. 586, n. 8). See also the catalogue accompanying the 2009 exhibition at the Musée de l'Assistance Publique-Hôpitaux de Paris, *L'Humanisation de l'hôpital: mode d'emploi*, ed. by Anne Nardin (Paris: Assistance Publique-Hôpitaux de Paris, 2009).

[16] Michel Foucault, *Naissance de la clinique: une archéologie du regard médical* (Paris: Presses universitaires de France, 1963). An important body of neo-Foucauldian scholarship on sexology/sexuality, which draws on French-language sources, has been concerned with medical writings, discourses, and institutions. See, for example, Peter Cryle and Alison Moore, *Frigidity: An Intellectual History* (Basingstoke: Palgrave Macmillan, 2011); Lisa Downing, 'Gendered Constructions of the Nightmare in French Nineteenth-Century Medical Writing and Fantastic Fiction', *French Studies*, 66 (2012), 331–46; Elizabeth Stephens and Peter Cryle, *Normality: A Critical Genealogy* (Chicago, IL: University of Chicago Press, 2017); and Larry Duffy, 'Medical Humanism or *scientia sexualis*? Building a Sexological Concept in *Fécondité*', *Nottingham French Studies*, 60 (2021), 317–33.

[17] For an account of the development and history of this course, see Céline Lefève and Jean-Christophe Mino, 'Former des vrais thérapeutes: la place des sciences humaines et sociales dans les études de médecine', *Études*, 414 (2011), 187–98. The new edition of the coursebook for a course initially entitled 'culture générale' to accompany the first year of medical studies in France in 1992, was published in 2021 with the title *Médecine, santé et sciences humaines: manuel*, ed. by Christian Bonah and others, Preface by Tzvetan Todorov (Paris: Les Belles Lettres, 2021). In Todorov's preface (pp. 5–8), he notes the particular importance of literature within the humanities-based courses in medical schools, highlighting both the limitations and the potential of the skills medical students will be able to acquire through such training: 'le savoir qu'il [le médecin de demain] y trouvera ne sera pas immédiatement convertible en recettes pour l'action, mais il transformera de l'intérieur son être' (p. 8).

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sciences during the first year [of the course] significantly decreased compared to the period from 1994 to 2009'.[18] Against this backdrop, it is hardly surprising that Introductions and Handbooks to the medical humanities in recent years have focused on the anglophone world and English-language material. In 2016, for instance, the editors of the landmark *Edinburgh Companion to the Critical Medical Humanities* explicitly acknowledged that there has been an 'implied or assumed generality of a UK or US mainstream' in medical humanities scholarship; even the supposed turn to (and the increasing awareness of the need for) a more 'global' medical humanities has been anchored in the anglophone world.[19] Yet the last ten years in particular have witnessed an extraordinary concentration of activity in medical humanities research in a French-language critical and cultural context. It is the aim of the following sections in this *état présent* to chart the breadth and significance of this developing field in the French-speaking world, and show how engagement with French-language sources is, at last, shaping a hitherto anglophone-dominated medical humanities.

Semantics and politics

The choice of terminology when it comes to medical humanities in the French-speaking world highlights some of the challenges facing a field that mediates between its own distinct cultural and historical roots and the field's Anglo-American origins. The dominance of the latter became apparent in 2016 when the Collège des enseignants en sciences humaines et sociales en médecine changed its name to the Collège des humanités médicales.[20] In the French-speaking world, medical humanities is translated as 'humanités médicales', 'humanités biomédicales', or 'humanités en médecine' (in courses offered and research centres at the Université de Genève and Université de Lausanne, for example). More recently, and parallel to the anglophone and more encompassing term 'health humanities', 'humanités en santé' has been used to designate an open-access online course (MOOC) launched in 2023 with a particular focus on care and medical ethics.[21] In their Introduction to the only French-language volume published so far on the 'humanités médicales', Céline Lefève, François Thoreau, and Alexis Zimmer

[18] Cynthia Fleury, Benoît Berthelier, and Nathalie Nasr, 'Teaching Humanities in French Medical Schools' (2020), <https://chaire-philo.fr/wp-content/uploads/2020/10/Teaching-Humanities-in-French-Medical-Schools.pdf>, p. 5.

[19] Anne Whitehead and Angela Woods, Introduction to *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Anne Whitehead and Angela Woods (Edinburgh: Edinburgh University Press, 2016), pp. 1–31 (p. 2); Steven Wilson, 'Manifesto for a Multilingual Medical Humanities', *The Polyphony: Conversations across the Medical Humanities*, 30 May 2023, <https://thepolyphony.org>.

[20] See Céline Lefève, François Thoreau, and Alexis Zimmer, 'Situer les humanités médicales', Introduction to *Les Humanités médicales: l'engagement des sciences humaines et sociales en médecine*, ed. by Céline Lefève, François Thoreau, and Alexis Zimmer (Arcueil: Doin, 2020), pp. 3–18 (p. 3).

[21] See 'MOOC Humanités en santé', <https://chaire-philo.fr/mooc-humanites-en-sante>. The philosopher Claire Crignon has voiced support for the term, highlighting, as did Vollaire at the Centre Georges Pompidou conference in 2000, that its introduction 'consiste à rappeler l'importance des disciplines dites "littéraires" dans la formation des Médecins, ce que l'on appelait encore au XIX^e^ siècle, "faire ses humanités"'; Claire Crignon, 'Les Humanités en santé', *Médecine sciences*, 39 (2023), 99–100 (p. 100). With this more holistic approach, she hopes that the medical humanities can become more than just a 'buzzword' (Crignon, 'Les Humanités en santé', p. 100).

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highlight the troublesome nature of the term 'humanités' in French, which seems to incorporate the idea that the humanities can cure 'une "déshumanisation" supposée des pratiques biomédicales'.[22] By refusing this vision, they, in line with the CNRS-based international research network 'Humanités médicales' (which also offers doctoral supervision and counts many literary scholars among its members[23]), are much closer to what has come to be known in an anglophone context as the critical medical humanities or second-wave medical humanities — a derivative of the field which accords a less applied, more reflective role to the humanities disciplines concerned. Lefève, a champion for the cause of the medical humanities in France, is also director of the Centre Georges Canguilhem and co-director of the Institut la Personne en médecine at the Université Paris Cité, as well as one of the key voices within French care ethics. This philosophical subfield has, through the legacy of Canguilhem, close ties to medical humanities initiatives in France.[24] Psychoanalyst and care ethicist Cynthia Fleury, holder of the Research Chair in Philosophy at the Hôpital Hôtel-Dieu, established in 2016, made the terms of that connection clear when describing the role of her chair as '[introducing] the power of critical thinking within the hospital' and 'to better imagine the future of shared care and the fruitful marriage of Health and the Humanities'.[25] In her manifesto, *Le Soin est un humanisme*, she also called for the field to open itself up to environmental questions, because, as she puts it, 'il est impossible aujourd'hui d'envisager les humanités hors de la question anthropocénique'.[26]

Following Fleury, whose work has developed in the institutional context of a hospital, the first Chair of Narrative Medicine in France, held by Isabelle Galichon and inaugurated in November 2023, was established at the Bordeaux University Hospital. Galichon, a literary scholar whose research is concerned with the 'récit de soi', positions narrative medicine primarily as the fruit of narratology, with particular ties to the work of Jean Starobinski, Foucault, and Roland Barthes,[27] as

[22] Lefève, Thoreau, and Zimmer, *Les Humanités médicales*, p. 8. Crignon also points out the 'usage ambivalent' of the term 'humanisme' when applied to modern medicine (Crignon, 'Les Humanités en santé', p. 99).

[23] See 'Humanités médicales', <https://irn-medical-humanities.org>.

[24] These ties are also evident in the Presses universitaires de France series 'Questions de soin', directed by philosopher Frédéric Worms, which has published many titles linking questions of (health)care and medicine with philosophy, history, literature, and cinema since its inauguration in 2012. Since Worms became director of the École normale supérieure in 2022, the institution has launched its own three-year Masters programme for medical students wishing to specialize in 'Médecine-Humanités'.

[25] Béatrice Schaad, 'Cynthia Fleury: "Without humanity, caring for patients simply becomes mere repair work"', *Invivo Magazine*, <https://www.invivomagazine.com/en>; Cynthia Fleury, 'The Research Chair', <https://chaire-philo.fr/en/the-research-chair>.

[26] Cynthia Fleury, *Le Soin est un humanisme* (Paris: Gallimard, 2019), p. 14.

[27] Isabelle Galichon, *Le Récit de soi: une pratique éthique d'émancipation* (Paris: L'Harmattan, 2018); Isabelle Galichon, 'Les Récits multiples de la médecine narrative', *Essais*, 20 (2023), <https://journals.openedition.org/essais/12879>. Anglophone literary scholars in the medical humanities have questioned the exclusionary focus on narrative in this approach, highlighting that the experience of illness — and pain in particular — is frequently beyond narrative. See Angela Woods, 'The Limits of Narrative: Provocations for the Medical Humanities', *BMJ Medical Humanities*, 37 (2011), 73–78, and Sara Wasson, 'Before Narrative: Episodic Reading and Representations of Chronic Pain', in *Pain and Its Paradoxes*, ed. by Daniel S. Goldberg (= special issue, *BMJ Medical Humanities*, 44 (2018)), pp. 106–12.

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much as that of the physician and literary scholar Gérard Danou.[28] According to Galichon, literary studies play a key role in narrative medicine because they are 'la voie d'accès la plus pertinente pour reconsidérer *autrement* l'expérience de la maladie et de la médecine puisqu'elles donnent à voir, à entendre des expériences humaines, expressives et créatrices'.[29] The literature–medicine connection, which gives prominence to the experience of illness and the suffering body, has long been the subject of French and francophone patient-writers and 'médecins-écrivains', yet it has also been explored by literary scholars, whether or not such studies set themselves up in a medical humanities and/or narrative medicine framework.[30] What differentiates them from approaches like Galichon's is what Alexandre Gefen has called 'the reparative uses' of literature — 'la littérature "remédiatrice"' and 'récits "réparateurs"' — when it comes to contexts of care and health; whereas more orthodox literary scholarship often takes an analytical approach, the application of the literary to specific clinical sites and contexts is foregrounded by literary scholars trained in narrative medicine.[31] Valéria Milewski and Fanny Rinck's edited volume on end-of-life writing offers an example of this sort of use on the oncology ward of the Centre Hospitalier de Chartres.[32] Milewski is the founder of the French association 'Passeur des mots, passeurs d'histoire', which helps patients write their 'biographie hospitalière', the story of their personal and professional lives including their illness, and educates healthcare professionals in assisting patients with the process. In Milewski and Rinck's *Récits de soi face à la maladie grave*, the contributors — with diverse multidisciplinary backgrounds ranging from healthcare to literary criticism — reflect on the challenges and rewards of such practice-based interventions.

In addition to the prominent place accorded to literature and literary methodologies, film as a medium plays an important role in the 'humanités médicales', particularly in pedagogical programmes but also in public humanities initiatives. Given that questions of health and medicine are at the centre of many feature and documentary films, several teaching initiatives in the French-speaking world have sought to include film seminars in the medical curriculum, as has been the case at the Université Paris Diderot medical school since 2005.[33] A particularly noteworthy example is the 'Ciné-club Barberousse: médecine et soin au cinéma'. It was

[28] Gérard Danou, *Le Corps souffrant: littérature et médecine* (Seyssel: Champ Vallon, 1994); Gérard Danou, *Langue, récit, littérature dans l'éducation médicale* (Limoges: Lambert-Lucas, 2007).

[29] Galichon, 'Les Récits multiples de la médecine narrative', para. 41; original emphasis.

[30] See *Littérature et médecine*, ed. by Marie Miguet-Ollagnier and Philippe Baron (Besançon: Presses universitaires de Franche-Comté, 2000); *Médecine, sciences de la vie et littérature en France et en Europe de la Révolution à nos jours*, 3 vols, ed. by Lise Dumasy-Queffélec and Hélène Spengler (Geneva: Droz, 2014); *Médecins-écrivains français et francophones: imaginaires — poétiques — perspectives interculturelles et transdisciplinaries*, ed. by Julia Pröll, Hans-Jürgen Lüsebrink, and Henning Madry (Würzburg: Königshausen & Neumann, 2018); and *La Figure du poète-médecin: XXe–XXIe siècles*, ed. by Alexandre Wenger and others (Geneva: Georg, 2018).

[31] Alexandre Gefen, *Réparer le monde: la littérature française face au XXIe siècle* (Paris: Corti, 2017), pp. 12, 17. See also *Pour une littérature du 'care'*, ed. by Andrea Oberhuber and Alexandre Gefen (= special issue, *Fabula/Les Colloques* (2022)) <https://www.fabula.org/colloques/sommaire8205.php>.

[32] Valéria Milewski and Fanny Rinck, *Récits de soi face à la maladie grave* (Limoges: Lambert-Lucas, 2014).

[33] See Céline Lefève, *Devenir médecin: cinéma, formation et soin* (Paris: Presses universitaires de France, 2012).

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founded in 2017 and holds sessions at the Nouvel Odéon under the auspices of Céline Lefève, François Crémineux (Director of L'Assistance-Publique Hôpitaux de Marseille), and Jean-Michel Frodon (renowned cinema critic), in partnership with the revue *Esprit* and Cynthia Fleury.[34] This multilayered collaboration illustrates a recent turn in French-language medical humanities away from a purely pedagogical angle and towards engagement with the wider public.[35] At the same time, an online platform hosted by the Université de Strasbourg, MedFilm, an audio-visual database that seeks to inspire research and teaching in the medical humanities,[36] highlights a growing intersection with digital humanities initiatives; this, in turn, shows the importance of connections between modes and disciplines as an increasingly defining feature of the 'humanités médicales'.

Cultural and political connections present further tantalizing potential for the development of the field. French-speaking Canada, Belgium, and Switzerland also have several research chairs in medical humanities, as well as research and/or teaching initiatives in the field.[37] Accordingly, Claire Jeantils has noted that 'France now has the opportunity to be part of a francophone medical humanities, as the field is developing more and more in French-speaking countries', which will involve the need to confront 'the country's colonial past and its links with the history of medicine, as well as its consequences on today's healthcare disparities'.[38] These entanglements between the medical and the political could lead to productive points of overlap between the medical humanities in France and approaches taken by scholars working in medical humanities beyond the Hexagon. Olivia Banner, for instance, has called for further attention to be paid to structural competency in the medical humanities, so that cultural texts are used to 'elucidate how ideologies of race, gender, and disability inform social, political, economic, and institutional structures, which then inform health and illness'; this approach could allow for a shift in 'the reparative focus from individual interactions between physicians and patients', which medical humanities in France has long foregrounded, towards more sustained attention to 'the institutions and structures that delimit those interactions'.[39] There are tentative signs of such orientations being enacted in medical

[34] See 'Ciné-club Médecine et soin au cinéma', [no date], <https://esprit.presse.fr/rendez-vous/esprit/cine-club-medecine-et-soin-au-cinema-44249>.

[35] The Maison de la médecine et de la culture in Nice, which is supported by several public and university funding bodies, is another similar initiative.

[36] MedFilm, <https://medfilm.unistra.fr>. A similar database has been started by the Université de Genève, CineMed, <https://www.unige.ch/cinemed>.

[37] The programme at the Université de Genève, which was established in 2001, is particularly notable in this regard. For reflections on setting up the course and adjacent writing programme for medical students, see Micheline Louis-Courvoisier, 'Medical Humanities: A New Undergraduate Teaching Program at the University of Geneva School of Medicine, Switzerland', *Academic Medicine*, 78 (2003), 1043–47; Micheline Louis-Courvoisier and Alexandre Wenger, 'How to Make the Most of History and Literature in the Teaching of Medical Humanities', *Medical Humanities*, 31 (2005), 51–54; and Alexandre Wenger, 'Un prix d'écriture pour les étudiants en médecine', *Bulletin des médecins suisses*, 97 (2016), 1440–42.

[38] Claire Jeantils, 'Les Humanités médicales françaises: Input, Debates and Challenges', 27 June 2023, *The Polyphony*, <https://thepolyphony.org>.

[39] Olivia Banner, 'Structural Racism and Practices of Reading in the Medical Humanities', *Literature and Medicine*, 34 (2016), 25–52 (p. 27).

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humanities scholarship emanating from France. Jeantils, for instance, author of the above-cited piece on 'Les Humanités médicales françaises', was also a contributor to a 2023 special issue of the Liverpool University Press journal *Francosphères* on *Cultures of Disease in the French-Speaking World*, which included literary perspectives from Belgium, Canada, and West Africa, and which sought to analyse some of the socio-economic and cultural issues that affect health and well-being, including pre-existing inequalities in health systems.[40] The newly founded bilingual journal *Soins, sens et santé: An International Journal of Health Humanities* (*3S*), an offshoot of the CNRS medical humanities research network, whose first issue is to appear in 2024, further points to the transnational, interdisciplinary directions along which we can expect the field to develop in the years to come.[41]

The 'primal scene' and beyond

The editors of the *Edinburgh Companion to the Critical Medical Humanities* have identified the 'primal scene' of a cancer diagnosis, with its attendant concerns surrounding doctor–patient power dynamics and communication, as 'symptomatic of the imaginary of first-wave or mainstream medical humanities'.[42] With its focus on patients' perspectives and the lived experience of illness, the conceptual framework offered by anglophone first-wave medical humanities provided a point of contact for scholars of French studies outside of France who were accustomed to cultures and practices of interdisciplinary research. Given the rich heritage of French literary and philosophical texts on the ailing body, and especially the legacy of Foucault's writing on the medical gaze and doctor–patient relationships, it is not surprising that one of the first significant French studies projects to develop in parallel with first-wave medical humanities focused on patients' narratives. The HIV/AIDS crisis — as exposed in literary texts in the early 1990s by Hervé Guibert in particular — might be regarded as the 'primal scene' that marked the start of an explosion of patients' narratives in French.[43] Foregrounding subjective understandings of 'what it *is like* to be ill, to suffer, to experience a life-changing condition, and/or to be facing death', articles in *French Autopathography* analyse

[40] *Cultures of Disease in the French-Speaking World*, ed. by Hannah Grayson and Steven Wilson (= special issue of *Francosphères*, 12.1 (2023)). See also the 2023 essay series in *Synapsis: A Health Humanities Journal*, ed. by Madeleine Dobie and Thomas Dodman, on *Illness and Francophone Literature and History*, which explores epidemics across the French-speaking world in relation to colonialism, race, and political activism, <https://medicalhealthhumanities.com/tag/illness-and-francophone-literature>.

[41] A first special issue edited by Alain Schaffner and Carle Bonafous-Murat, entitled *Le Diagnostic comme fiction*, is scheduled to be published in 2024.

[42] Whitehead and Woods, Introduction to *The Edinburgh Companion to the Critical Medical Humanities*, p. 1.

[43] For non-medical humanities studies that appeared around this time, see Jean-Pierre Boulé, *Hervé Guibert: Voices of the Self*, trans. by J. Fletcher (Liverpool: Liverpool University Press, 1999); David Caron, *AIDS in French Culture: Social Ills, Literary Cures* (Madison: University of Wisconsin Press, 2001); and Stéphane Spoiden, *La Littérature et le SIDA: archéologie des représentations d'une maladie* (Toulouse: Presses universitaires du Mirail, 2001). Some of the questions left behind by the AIDS crisis in France in the 1980s and 1990s underlined the importance of patients' narratives as a source of testimony and memory. See catalogue accompanying the exhibition organized at the Mucem, *VIH/SIDA: L'Epidémie n'est pas finie*, ed. by Stéphane Abriol and others (Paris: Anamosa, 2021), for how the AIDS crisis continues to shape French healthcare and medicine, as well as *Revisiting HIV/AIDS in French Culture*, ed. by Loïc Bourdeau and V. Hunter Capps (Lanham, MD: Lexington, 2022).

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the representational strategies used by patient-writers to articulate an experience that biomedical discourse alone cannot describe.[44] Such a focus offered an alternative perspective on scholarship in France, which had considered autopathography primarily in relation to Philippe Lejeune's theory of the 'pacte autobiographique',[45] or ways in which literature could 'aider la médicine […] en saisissant par le langage les symptômes et en aidant à déchiffrer leur message',[46] or be of use in medical education to future 'practiciens réflexifs'.[47] In tandem with the critical momentum experienced in the medical humanities generally, the period in and around 2016 signalled the beginning of a rapid expansion of the field as it intersected with French studies across the globe, as well as the development of connected areas of study, such as French and francophone critical disability studies, where there are also differing emphases in France and the Anglo-American world.[48]

Evoking the fluidity of the field, Anne Whitehead and Angela Woods termed the orientation from a broad focus on ethics, education, and experience to a critical medical humanities — with an emphasis on how medical practice is marked by the effects of race, class, gender, sexuality, disability, belief systems, histories, and structural inequalities — its 'second wave'. They suggested that the time had come for the medical humanities to engage with other critical 'turns' and 'operate in radically different arenas of critical consideration, to address difficult, more theoretically charged questions, and to claim a role much less benign than that of supportive friend'.[49] Through the launch in 2017 of the UK-based French studies medical humanities network, spearheaded by Larry Duffy, and the subsequent publication of a special issue of *Essays in French Literature and Culture*, edited by Enda McCaffrey and Áine Larkin, work within French studies also pivoted to a more critical engagement with representations of medical practice, with a view to thinking about how human history, culture, identity, and behaviour in the French-speaking world, as well as thought on embodiment and biopower, might play a role in questioning, challenging, and problematizing representations of health, well-being, and medical experience. As McCaffrey and Larkin put it in the Introduction to their special issue, 'What has developed, as the field has expanded, is a distinctive methodological and theoretical toolkit, shaped by a strong critical ethos which is part of a response to wider socio-cultural factors and changes in

[44] Steven Wilson, 'Introduction: Embodiment, Identity, and the Patient's Story', in *French Autopathography* (= special issue, *L'Esprit Créateur*, 56.2 (2016)), pp. 1–11 (p. 2); original emphasis.

[45] See Stéphane Grisi, *Dans l'intimité des maladies: de Montaigne à Hervé Guibert* (Paris: Desclée de Brouwer, 1996).

[46] Arlette Bouloumié, Introduction to *Écriture et maladie: 'Du bon usage des maladies'*, ed. by Arlette Bouloumié (Paris: Imago, 2003), pp. 11–14 (p. 12).

[47] Milewski and Rinck, Introduction to *Récits de soi face à la maladie grave*, ed. by Milewski and Rinck, pp. 7–11 (p. 11).

[48] See Hannah Thompson's *état présent* on 'French and Francophone Disability Studies', *French Studies*, 71 (2017), 243–51; her monograph, *Reviewing Blindness in French Fiction, 1789–2013* (London: Palgrave Macmillan, 2017); and Áine Larkin's 'Philippe Vigand on Disability, Masculinity, and Ecology', in *The Critical Medical Humanities*, ed. by Enda McCaffrey and Áine Larkin (= special issue, *Essays in French Literature and Culture*, 58 (2021)), pp. 87–103.

[49] Whitehead and Woods, Introduction to *The Edinburgh Companion to the Critical Medical Humanities*, p. 2.

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traditional medical practices'.[50] Reflecting this shifting medical and critical landscape, articles in the special issue consider, among other issues, the often problematic role and status of literature in articulating patient experience; the shift beyond traditional narrative forms towards digital autopathography and its implications for doctor–patient relationships;[51] a widening of the sites of the 'medical' beyond the clinical encounter; and a revalorization of medical roles (doctor, clinician, carer) and concepts (disease, illness, diagnosis, treatment) in culturally specific contexts throughout France's history.

Central to work at the intersection of French studies and the critical medical humanities has been the forging of an interdisciplinary methodological and conceptual space characterized by the telos of 'entanglements'.[52] Building on an article published in 2015 in the *BMJ Medical Humanities*, which argued that the medical humanities should act as a 'critical collaborator', rather than engage in 'servility or antagonism' when representing medical experiences, Des Fitzgerald and Felicity Callard called for accounts of illness, suffering, intervention, and cure to be situated against 'a much thicker attention to the social, human and cultural contexts in which those accounts, as well as the bodies to which they attend, become both thinkable and visible'.[53] At one level, the integration of subjectivity, experience, and pathology from the French-speaking world into a field dominated by the Anglosphere creates its very own entanglement in which researchers can gain a deeper understanding of the human dimensions of medicine by 'crossing boundaries' into different cultural and linguistic perspectives.[54] More concretely, given that entanglements allow for a rejection of reductionist dualism, much work at the border of French studies and the medical humanities in recent years has concentrated on how literary and broader cultural articulations of illness have interacted with discourses of disease and public health, and vice versa.[55] In nineteenth-century French studies, there has been a particular emphasis placed on the symbiotic

[50] Enda McCaffrey and Áine Larkin, Introduction to *The Critical Medical Humanities*, ed. by McCaffrey and Larkin, pp. 5–13 (p. 7).

[51] This follows a broader critique in critical medical humanities scholarship of the role of narrative in representing subjective medical experience; see Angela Woods, 'The Limits of Narrative: Provocations for the Medical Humanities', *Medical Humanities*, 37 (2011), 73–78.

[52] Martyn Evans and Jane Macnaughton had previously defined interdisciplinarity as 'the engagement of disciplines one with another, and more particularly with subject matter that somehow both straddles the disciplines and falls between them'; Martyn H. Evans and Jane Macnaughton, 'Should Medical Humanities be a Multidisciplinary or an Interdisciplinary Study?', *BMJ Medical Humanities*, 30 (2004), 1–4 (p. 2).

[53] William Viney, Felicity Callard, and Angela Woods, 'Critical Medical Humanities: Embracing Entanglement, Taking Risks', *BMJ Medical Humanities*, 41 (2015), 2–7 (p. 2); Des Fitzgerald and Felicity Callard, 'Entangling the Medical Humanities', in *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Whitehead and Woods, pp. 35–49 (p. 35).

[54] As Whitehead and Woods put it in their Introduction, the critical medical humanities are characterized by the 'mobility, fluidity, movement' that allows for a type of 'creative boundary-crossing' through which new representations and understandings can emerge (Introduction to *The Edinburgh Companion to the Critical Medical Humanities*, p. 8).

[55] See, for example, Steven Wilson, *The Language of Disease: Writing Syphilis in Nineteenth-Century France* (Cambridge: Legenda, 2020), and Emilie Garrigou-Kempton, 'COVID-19 as a Foreign Language: How France Learned the Language of the Pandemic', in *The Languages of COVID-19: Translational and Multilingual Perspectives on Global Healthcare*, ed. by Piotr Blumczynski and Steven Wilson (London: Routledge, 2023), pp. 79–92.

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development of modern medicine and modern literary forms. Duffy has produced an extensive body of work on the interplay between literary, scientific, and medical discourses in nineteenth-century France, including a monograph analysing how Flaubert and Zola incorporate medical knowledge about, and discourses of, the body into their literary texts;[56] while Sarah Jones, in the context of Stendhal's representation of tuberculosis, has explored how literature can manipulate and even subvert medical and cultural paradigms of illness.[57] Other work that showcases the 'entanglements' in French studies and the medical humanities includes a special issue of *Modern and Contemporary France* which explores examples of how French literature from the nineteenth century to the present draw medicine and religion — so often considered separately if not antithetically — into complex relationship with each other to represent clinical authority, pain and suffering, healing and therapy.[58]

A notable tendency has been to situate recent publications in the medical humanities from a French cultural perspective within larger transnational, multilingual contexts, thus bringing canonical and lesser-studied works of French literature to the attention of the medical humanities research community beyond French studies.[59] Manon Mathias's co-edited book, which draws on the medical and the cultural to highlight the importance of emotion in digestive health, has a preponderance of chapters that focus on France, but places them in dialogue with perspectives from Italy and the USA, too.[60] Similarly, Elliot Evans's work examining three recent French texts by Paul B. Preciado, Elisabeth Lebovici, and Sam Bourcier has challenged the universalizing US-centric view of how biopolitics and cultural signification interact to produce representations of HIV/AIDS.[61] Recent medical-humanities-themed special issues of journals edited by colleagues in French studies have also established transnational and transhistorical connections,

[56] Larry Duffy, *Flaubert, Zola, and the Incorporation of Disciplinary Knowledge* (Basingstoke: Palgrave Macmillan, 2015). See also Duffy's chapter on 'Zola et les humanités médicales: le(s) cas de *Lourdes*', in *Lire Zola au XXIe siècle*, ed. by Aurélie Barjonet and Jean-Sébastien Macke (Paris: Classiques Garnier, 2018), pp. 377–89, and an article on Rachilde's portrayal of the doctor–patient encounter, 'La Scène première des "humanités médicales" chez Rachilde', in *Rachilde ou les aléas de la postérité: de l'oubli au renouveau*, ed. by Thierry Poyet (Paris: Classiques Garnier, 2023), pp. 217–30.

[57] Sarah Jones, 'Stendhal's Consumptive Heroine: *Lamiel* and Tuberculosis', *French Studies*, 77 (2023), 31–47.

[58] *L'Imaginaire médico-religieux: Modern French Literary Perspectives*, ed. by Steven Wilson (= special issue, *Modern and Contemporary France*, 28.4 (2020)).

[59] Two examples which underline in each case some of the particular linguistic and cultural features of the French literary texts under discussion, that are absent either in published translations or from equivalent novels in English, are Anna Magdalena Elsner, 'Beyond Medical Paternalism: Undoing the Doctor–Patient Relationship in Simone de Beauvoir's *Une mort très douce*', *Literature and Medicine*, 37 (2019), 420–41; and Katie Jones, 'Representing Young Men's Experience of Anorexia Nervosa: A French-Language Case Study', *BMJ Medical Humanities*, 47 (2021), 311–22. Kathryn Robson's work on representations of anorexia in French literature has also been set alongside analyses of eating disorders in German and Italian women's writing; see Kathryn Robson, 'Reading the Anorexic Body: Eating Disorders in Contemporary French Women's Fiction', in *Starvation, Food Obsession and Identity: Eating Disorders in Contemporary Women's Writing*, ed. by Petra M. Bagley, Francesca Calamita, and Kathryn Robson (Oxford: Peter Lang, 2017), pp. 258–76.

[60] *Gut Feeling and Digestive Health in Nineteenth-Century Literature, History and Culture*, ed. by Manon Mathias and Alison M. Moore (Cham: Palgrave Macmillan, 2018).

[61] Elliot Evans, 'Theorizing HIV in the French Context: Perspectives from Queer and Transgender Theory', *Modern and Contemporary France*, 30 (2022), 241–48.

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while interrogating the role of politics, gender, sexuality, and the post-human in representations of the pathological body.[62] *Cultural Languages of Pain*, a 2022 special issue of the *Journal of Romance Studies*, considers how pain shapes language and how language, in turn, shapes our understanding of pain.[63] This publication complements a 2018 *BMJ Medical Humanities* special issue entitled *Pain and Its Paradoxes*, which sought to highlight some of the pluralist understandings of pain by engaging with a range of voices from different cultural and historical perspectives, including from the Global South.[64] Yet one notable absence from *Pain and Its Paradoxes* was consideration of how cultural and historical representations of pain are also conditioned by the languages in which they are expressed. By engaging with texts in French, Italian, German, Spanish, and Irish, *Cultural Languages of Pain* significantly expands understandings in the medical humanities of the interactions between pain and the expressive capacity of languages, including the ways in which French-language graphic-novel memoirs enact aesthetic transformations to capture, through the interplay of word and image, the complex intersection of pain, trauma, and suffering.[65] While the published work in this special issue, like most of that included in this section of the *état présent*, focuses on corporeality, it is important to note that some of the most innovative interdisciplinary projects currently being developed, and led by scholars in French studies, include imbrications of the cultural and the biomedical in representations of addiction,[66] and the newly emerging psychedelic humanities.[67] Moreover, just as the shift from medical to health humanities in the Anglosphere indicated a more inclusive engagement with questions of health beyond the medical, scholars of French studies, such as Daniel Finch-Race, have advocated the need to further connect the medical and environmental humanities.[68] Engaging with the intersection of planetary health and human health or the eco-social determinants of health — as Loïc Bourdeau's call to rethink the connection of class, poverty, and medicine in the contemporary writer Édouard Louis makes clear[69] — is a testament to how far beyond a narrow

[62] *The Pathological Body: European Literary and Cultural Perspectives in the Age of Modern Medicine*, ed. by Kit Yee Wong (= special issue, *Open Library of Humanities* (2021)).

[63] *Cultural Languages of Pain*, ed. by Anna Magdalena Elsner and Steven Wilson (= special issue, *Journal of Romance Studies*, 22.4 (2022)).

[64] *Pain and Its Paradoxes*, ed. by Daniel S. Goldberg (= special issue, *BMJ Medical Humanities*, 44 (2018)).

[65] See Ariela Freedman, 'David B., *L'Ascension du haut mal*, and the Entangled Body in Pain', in *Cultural Languages of Pain*, ed. by Elsner and Wilson, pp. 461–81.

[66] See, for example, Susannah Wilson, 'To Whom Does a Letter Belong? Psychopathology and Epistolography in the Asylum Letters of Antonin Artaud and Camille Claudel', *Modern Languages Open* (2021), 1–18. Wilson has also edited *Prohibitions and Psychoactive Substances in History, Culture and Theory* (London: Routledge, 2019).

[67] See Oliver Davis, 'Henri Michaux's Program for the Psychedelic Humanities', *Frontiers in Psychology*, 14 (2023), <https://doi.org/10.3389/fpsyg.2023.1152896>. Davis is co-editor of a new series of articles, 'Psychedelic Humanities', for the same journal.

[68] Daniel A. Finch-Race, 'Hopes and Fears in Times of Ecological Crisis across the *francosphère*', in *Environmental Humanities*, ed. by Daniel A. Finch-Race (= special issue, *Modern and Contemporary France*, 29.2 (2021)), pp. 99–114.

[69] Loïc Bourdeau, 'Forgotten Class: French Literature, Medicine, and Poverty', in *Literature and Medicine*, ed. by Elsner and Pietrzak-Franger, pp. 281–96.

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engagement with the primal scene of the cancer diagnosis the field has moved in a relatively short period of time.

Forms and practices of care

The field's more recent focus on the social and political dimensions of notions of vulnerability and models of healing highlights that while in French studies, the medical humanities may have outgrown some of its earlier themes, it also remains fundamentally concerned with the very conditions that shape well-being. Alexandre Gefen, in *Réparer le monde*, has suggested that the turn of the twenty-first century witnessed the emergence of 'une littérature qui guérit, qui soigne, qui aide, ou, du moins, qui "fait du bien"'.[70] Featuring a cast of 'individus fragiles', this new form of literature seeks to 'faire face au monde, agir, remédier aux souffrances, nous aider à mieux vivre dans nos existences ordinaires'.[71] Gefen's work takes its place within a landscape of publications in France or from a French studies perspective that are concerned with philosophies and practices of care.[72] While 'care studies' has become a recognized academic field of enquiry, and worthy of its own *état présent*, we focus here on engagements with corporeality, pathology, and medical practice across French philosophy, literature, and visual cultures that transform the ways we think about (health) care. Critiques of hierarchical models of medical care are commonplace in the medical humanities. Yet recent work in French studies has sought to reframe perspectives on critical assumptions surrounding paradigms of clinical practice. While Simone de Beauvoir's *Une mort très douce* features archetypal, dehumanizing portrayals of superiority in 1960s doctors, Jordan McCullough's reading of the memoir encourages us to reorient our perspective on medical care, seeing it as but one element in a more holistic model of *accompagnement* provided by medical, religious, and familial caregivers for Beauvoir's mother at the end of her life.[73] Through an analysis of contemporary French philosophy's engagement with medical science, Benjamin Dalton has revealed a more far-reaching symbolic shift from Foucauldian models of medical paternalism.[74] Dalton's current project argues that the work of philosophers such as Catherine Malabou, Paul B. Preciado, Jean-Luc Nancy, and Isabelle Stengers has the potential to constitute the foundation for the development of new clinical environments that empower traditionally disenfranchised patients. This research has self-evident capacity to

[70] Gefen, *Réparer le monde*, p. 9.

[71] Gefen, *Réparer le monde*, p. 10.

[72] See, for example, Sandra Laugier, *Politics of the Ordinary: Care, Ethics, and Forms of Life* (Leuven: Peeters, 2020); and, from a French studies perspective, *The Care (Re)Turn in French and Francophone Studies*, ed. by Loïc Bourdeau, Natalie Edwards, and Steven Wilson (= special issue, *Australian Journal of French Studies*, 57.3 (2020)).

[73] Jordan Owen McCullough, '"Bien accompagner la fin de vie": Medical, Religious and Spiritual *accompagnement* in Simone de Beauvoir's *Une mort très douce*', in *The Care (Re)Turn in French and Francophone Studies*, ed. by Bourdeau, Edwards, and Wilson, pp. 365–80.

[74] Benjamin Dalton, 'The Plastic Hospital: Catherine Malabou's Architectural Therapeutics', in *The Critical Medical Humanities*, ed. by McCaffrey and Larkin, pp. 191–210.

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lead to groundbreaking 'impact' in the design and management of emancipatory clinical space. Most recently, the backdrop of the Covid-19 pandemic, with its attendant questioning of the limits of clinical care and focus on the burdens of caregiving, has given rise to a series of graphic narratives in France and French-speaking Switzerland that resist the conventional language of medical heroism used across the globe to describe 'frontline' workers and instead reflect on vulnerability as a positive attribute that allows for a revalorization of care.[75] Such studies underline that responses to medical vulnerability in French cultural production are increasingly being enacted through an ethics of care characterized by affect and relationality as much as treatment and cure.

Among the extensive volume of critical reflections on bodies and embodiment in French studies, ageing bodies are largely absent. Shirley Jordan's special issue of *French Studies* addresses the paucity of scholarship on this topic, noting that thus far most work — as with the medical humanities more generally — has been produced outside France.[76] Whereas critical age studies concentrates on representations of ageing and the lived experience of growing old, both of which are, to a large extent, an embodied medical issue, *Ageism, Ageing, and Old Age in Contemporary French Culture* also affords prominence to the experience of cognitive decline, thereby acknowledging the increasing visibility of dementia in public and political discourse on ageing and healthcare.[77] While ageing may not have received the levels of critical attention one would expect, given its myriad societal and policy implications, the end of life remains one of the most dynamic subfields of enquiry in the medical humanities in a French context. The act and value of writing in the face of death, for example, is a recurring theme in literary analyses of the end of life. Studies on contemporary writer Philippe Forest's works narrating the untimely death of his four-year-old daughter, Pauline, and the medical care she received in the course of her illness, have argued that writing does not constitute a form of 'littérature réparatrice', still less a form of therapy, but enacts modalities of holistic care that are often absent in modern medicine.[78] Other studies on the end

[75] Steven Wilson, 'COVID-19 *Bandes dessinées*: Reframing Medical Heroism in French-Language Graphic Novels', in *The Languages of COVID-19*, ed. by Blumczynski and Wilson, pp. 233–48.

[76] *Ageism, Ageing, and Old Age in Contemporary French Culture*, ed. by Shirley Jordan (= special issue, *French Studies*, 77.3 (2023)).

[77] See Emilija Talijan, 'Dementia and Relational Forms in Gaspar Noé's *Vortex* (2021)', in *Ageism, Ageing, and Old Age in Contemporary French Culture*, ed. by Jordan, pp. 614–28.

[78] See *Philippe Forest: une vie à écrire*, ed. by Aurélie Foglia and others (Paris: Gallimard, 2018); Anna Magdalena Elsner, 'Extending the Domain of Care in Philippe Forest', in *The Care (Re)Turn in French and Francophone Studies*, ed. by Bourdeau, Edwards, and Wilson, pp. 352–64; Jordan Owen McCullough, 'A Practice of Literary Palliation: Philippe Forest's *L'Enfant éternel*', forthcoming in *Literature and Medicine* (2024)). McCullough argues that the exclusion of the family from Pauline's end-of-life care propels Forest towards his writing project as an alternative means of being actively involved in the care of his child. See also Matt Phillips on bibliotherapy and scriptotherapy; 'On Bibliotherapy: Literature as Therapy and the Problem of Autonomy, with Régine Detambel's *Les Livres prennent soin de nous*', in *The Care (Re)Turn in French and Francophone Studies*, ed. by Bourdeau, Edwards, and Wilson, pp. 337–51. Phillips, in his reading of Detambel's 2015 text, argues that literature can serve a therapeutic purpose for its reader through its capacity to help foster various forms of autonomy in patients, but stresses that the value of literature per se cannot be reduced to its therapeutic qualities.

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of life have pointed to French literature's role in reshaping the subjectivities of life experience and identity formation.[79]

The shocking visibility of death during the Covid-19 pandemic accelerated a process that had been well underway since the development of the modern hospice movement in the late 1960s and the advent of palliative care in the 1970s, namely the shattering of the cultural taboo on death. A spate of recent French texts on dying and death set the scene for the publication in 2021 of *French Thanatology*, which reframed death in terms of relationality, or the vital connections between people, concepts, texts, cultures, modes of representation, and academic disciplines that allow for death to be represented.[80] Specifically, the 'demedicalization' of death and the desire among many individuals to exert more control over its conditions and timing have been the backdrop for numerous debates and policy proposals in France on both palliative care and assisted dying. Publications by Marie de Hennezel, the author of two influential reports on the end of life for France's Ministère de la Santé and over ten books denouncing the medicalization of death,[81] have influenced work in French studies on the philosophical and cultural assumptions about what constitutes a 'good death' and how these are made visible in contemporary French end-of-life writing.[82] Recent debates about the inadequacy of palliative care provision in France and first advances towards legalizing euthanasia and/or assisted suicide, following the 2016 introduction of the *loi Claeys–Léonetti* (which gives terminal patients the right to access a 'sédation profonde explicitement létale'), have catalysed further medical-humanities-based work.[83] In an indication both of the critical importance of this research area, and new approaches to medical humanities work being led by scholars in French studies, the five-year European Research Council project on 'Assisted Dying in European Writing and Visual Culture: Reciprocal Interactions between Law, Medicine and the Arts since 2000' seeks to create new avenues for understanding reciprocal interactions between contemporary culture, legal frameworks, and medicine's relationship with death, through the study of a multilingual corpus of texts

[79] See, respectively, Enda McCaffrey, 'Nearing Death: Anticipation and Survival in Gorz, Derrida, and Ricœur', and Julie Rodgers, 'Narrating the Final Loss: Scenes from the Maternal Deathbed in Gabrielle Roy's *Le Temps qui m'a manqué* and Francine Noël's *La Femme de ma vie*', in *French Thanatology*, ed. by Enda McCaffrey and Steven Wilson (= special issue, *L'Esprit Créateur*, 61.1 (2021)), pp. 26–39, 40–53.

[80] *French Thanatology*, ed. by Enda McCaffrey and Steven Wilson (= special issue, *L'Esprit Créateur*, 61.1 (2021)).

[81] See Marie de Hennezel's reports, 'Fin de vie et accompagnement' (2003), <https://medias.vie-publique.fr/data_storage_s3/rapport/pdf/034000617.pdf>, and 'La France palliative' (2008), <https://sante.gouv.fr/ministere/documentation-et-publications-officielles/rapports/sante/article/rapport-sur-les-soins-palliatifs-par-marie-de-hennezel-la-france-palliative>, as well as her book *La Mort intime: ceux qui vont mourir nous apprennent à vivre* (Paris: Laffont, 1995).

[82] See Jordan Owen McCullough, '3-D Relationality: Horizontal, Vertical and Textual Connectedness in Christiane Singer's *Derniers fragments d'un long voyage*', in *L'Imaginaire médico-religieux*, ed. by Wilson, pp. 411–25; and Anna M. Elsner, 'Frédéric Badré's *La Grande Santé*: Palliation as a Literary Practice?', in *French Thanatology*, ed. by McCaffrey and Wilson, pp. 81–94.

[83] See Conseil économique social et environnemental, 'Rapport de la Convention Citoyenne sur la fin de vie', April 2023, <https://www.lecese.fr/sites/default/files/documents/CCFV/Conventioncitoyenne_findevie_Rapportfinal.pdf>, and Anna M. Elsner and Jordan McCullough, 'The Assisted Dying Debate Is Really about How We Treat the Living', *Undark*, 1 June 2023, <https://undark.org>.

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and films from several countries, including France, French-speaking Switzerland, Belgium, and Canada.[84] The digital open-access archive that traces the role of these narratives in law-making processes points to a triangular dialectic between culture, law, and medicine, and a turn towards a multilayered engagement with legal contexts and frameworks at the intersection of French studies, law and literature, and the medical humanities.[85]

Future directions

The remarkable scope and scale of work covered in this *état présent*, almost all of which was produced in the last ten years, testify to key contributions made to the medical humanities within France and in French studies. While, in its initial phases, the field produced a rich repertoire of work analysing representations of the ailing body, corporeality, and the power dynamics at play in the medical encounter, it has shifted in recent years to develop multidisciplinary and multimodal strategies that decipher and document the manifold factors that are at stake in the representation of medical experiences. What has also become clear from this *état présent* is that the medical humanities in a French context is advancing in key ways that are crucial to the evolution of the field more generally. Intersectional approaches, including with work on the environment, law, digital humanities and public health will no doubt continue to develop in the coming years, while a recent call to imagine the medical humanities as a 'fundamentally translational field' presents a compelling case for understanding health and disease beyond human bodies or beings, as part of an ecosystem that encompasses ecological, technological, and planetary factors.[86] Moreover, France's relationship with the broader Francosphere also offers a particularly significant opportunity for alignment with the Medical and Health Humanities Africa network, with work on the colonial and postcolonial medical humanities, and potentially for collaboration with NGOs such as Médecins sans frontières.

Against the backdrop of an evolving research landscape, it is important to underline that clinical medicine is also developing at a rapid pace and poses many urgent questions: What does it mean to be a patient in the era of AI and digital healthcare? How do the humanities give expression to the growing complexity of mental health conditions? What are the consequences of emerging and increasing inequalities for medical experience? How does medical practice evolve to accommodate non-binary bodies? Initiatives such as Benjamin Dalton's Queer Medical Humanities Network, based at Lancaster University, showcase new intersectional

[84] Assisted Lab, <https://assistedlab.ch>.

[85] See Jared Stark, *A Death of One's Own: Literature, Law, and the Right to Die* (Evanston, IL: Northwestern University Press, 2018), particularly Chapter 2, 'The Modernist Art of Death: Balzac, Baudelaire, Benjamin' (pp. 67–104), and Chapter 3, 'Death with Dignity after Auschwitz' (pp. 105–40), on dying and the law in Balzac, Baudelaire, and Jean Améry. See also Adam Horsley and Jonathan Patterson's *état présent*, 'Law and Literature in French Studies', *French Studies*, 76 (2022), 436–52.

[86] Marta Arnaldi and Charles Forsdick, 'Medical Humanities' Translational Core: Remodelling the Field', *The Polyphony*, 30 August 2023, <https://thepolyphony.org>.

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medical humanities approaches in which French studies is playing a leading role. Yet, as we look ahead to new priorities and challenges, France's rich heritage of literary–medical interactions also provides important perspectives from the past that allow us to avoid the dominance of presentism that is a risk for the field.[87] For example, Alison Williams's work on the foundation of healthcare in Rabelais, as the reasoned negotiation between disciplines, faiths, and eras, not only offers remarkably prescient lessons on how to construct a paradigm of culturally sensitive medicine, but is also an important example of how to broaden the temporal scope of the medical humanities.[88] While the shifting contours of medical praxis continue to generate many complex and vital questions, the growing number of undergraduate and graduate courses on French studies and the medical humanities, as well as doctoral theses and research projects supported by major funding bodies, suggest a strong intellectual yearning to address them. In the medical humanities, French studies is showcasing its global relevance, while claiming and maintaining its distinctive critical tradition of analysing the many intertwining factors that condition the operation and implications of modern medicine.

[87] Whitehead and Woods, Introduction to *The Edinburgh Companion to the Critical Medical Humanities*, pp. 6–7.

[88] Alison Williams, '"Acquiers toy parfaicte cognoissance de l'aultre monde, qui est l'homme": Rabelais, the History of Medicine, and Medical Humanism', in *The Critical Medical Humanities*, ed. by McCaffrey and Larkin, pp. 121–37.

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